

Case Number:	CM13-0042151		
Date Assigned:	12/27/2013	Date of Injury:	10/14/2011
Decision Date:	05/19/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/16/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The claimant is a 37-year-old gentleman who sustained an injury to the low back while carrying a 40 pound box in a work related accident on October 14, 2011. It was noted that the claimant failed conservative care for his low back pain and the recommendation was made for an L3-4 and L4-5 posterior lumbar fusion with instrumentation. The surgical request has not been supported by the carrier. At present, there is no indication the process has occurred nor is there any documentation that the process has been deemed necessary. The most recent progress report was dated July 3, 2013 documenting continued low back and leg complaints with examination showing restricted range of motion, 5/5 distal strength and mildly diminished sensation in the left lateral lower extremity distribution. The two level lumbar fusions were recommended in addition to multiple postoperative requests.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Intraoperative spinal cord monitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

TREATMENT IN WORKER'S COMP, 18TH EDITION, 2013 UPDATES: LOW BACK
PROCEDURE

Decision rationale: The proposed L3-4 and L4-5 posterior lumbar fusion with instrumentation is not recommended as medically necessary. Therefore, the request for perioperative, intraoperative neuromonitoring would not be medically necessary.