

Case Number:	CM13-0042323		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2010
Decision Date:	06/19/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/17/2013

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 47-year-old female who fell at work while descending a flight of stairs on May 22, 2009. This resulted in complaints of the neck, head, bilateral shoulders, bilateral knees and lumbar spine. Specific to the claimant's lumbar spine, the records provided for review include lower extremity electrodiagnostic studies, performed in 2011, that were noted to be normal with the exception of peripheral neuropathy. The report of MRI results performed in 2011 documented multilevel disc desiccation from L3-4 through L5-S1 with a disc osteophyte complex at the L4-5 and L5-S1 level, resulting in moderate foraminal narrowing. An October 7, 2013, progress report notes continued complaints of mid-back pain with radiating pain to the lower extremities and buttocks. Physical examination showed tenderness to palpation over the paravertebral muscles and bilateral sacroiliac joints. Spasm was also documented. No indication of lower extremity radicular findings is noted. The records state that a recent MRI scan was ordered, but the formal report was not provided for review. There is no reference to flexion or extension plain film radiographs as having been taken. The claimant was diagnosed with degenerative disc disease at the L5-S1 level with L5-S1 stenosis. This review request is for a spinal fusion at the L4-5 and L5-S1 levels.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE FUSION L4-5,L5-S1 TRANSITIONAL QUANTITY 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California MTUS ACOEM Guidelines, a two-level lumbar fusion at L4-5 and L5-S1 would not be indicated in this case. The documented clinical findings are consistent with axial low back complaints and do not reference any indication of radiculopathy subjectively or upon physical examination. Absent such findings and coupled with a lack of recent imaging and indications of segmental instability, the request for a two-level fusion procedure would not be supported as medically necessary.