

Case Number:	CM13-0043172		
Date Assigned:	12/27/2013	Date of Injury:	06/07/1995
Decision Date:	02/20/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	10/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 67-year-old female who sustained an injury to the low back on 06/07/95. The medical records documented a prior history of L4 and L5 laminectomy. The most recent clinical assessment was dated 09/25/13 and documented ongoing complaints of low back pain, stenosis, and "neurogenic claudication." It stated relief had been given with anti-inflammatory agents, but the claimant continued to be symptomatic. Physical examination showed diminished patellar reflexes, at +1 equal and symmetrically. There was no motor weakness or sensory changes noted. Prior imaging included an MRI of the lumbar spine from 01/15/13 that showed specifically the L3-4 level with a disc bulge, asymmetric to the left with facet arthropathy and mild to moderate foraminal narrowing. There was no other clinical imaging of the lumbar spine available for review. At present, based on the claimant's current clinical picture, an L3-4 decompression and fusion with need for intraoperative neural monitoring and preoperative medical clearance was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally invasive L3-L4 decompression and stabilization: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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

Decision rationale: Based on California MTUS ACOEM 2004 Guidelines, the request for a fusion procedure in this case would not be indicated. While the claimant is noted to have stenotic findings as well as a prior laminectomy at L4 and L5, the current clinical picture does not support an unstable process at the L3-4 level or progressive neurologic dysfunction on examination that would necessitate the need for a fusion procedure. Indications for fusion per California ACOEM Guidelines would be spinal fracture, dislocation, or spondylolisthesis with segmental instability. In the absence of the above, the proposed fusion cannot be recommended as medically necessary.

Intraoperative neuromonitoring: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale:

Pre-op medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: