

Case Number:	CM13-0053402		
Date Assigned:	12/30/2013	Date of Injury:	04/27/2012
Decision Date:	03/18/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

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:

This is a 52-year-old female injured on 4/27/12 sustaining injury to her low back. Recent clinical records available for review include a 12/27/13 assessment where the claimant was noted to be with continued complaints of low back pain stating failed conservative care. It states that she is in extreme pain and wants to move forward with surgical management. Subjectively, she was with complaints of low back pain radiating to the left greater than right buttock and thigh. Physical examination showed continued dysesthesias into the buttock and posterior thighs bilaterally with hypotrophic reflexes equal and symmetrical and positive left-sided straight leg raise. Reviewed at that date was an MRI scan that revealed foraminal stenosis at L3-4 with disc protrusion as well as facet hypertrophy. There was also noted to be disc protrusion at L2-3 and L4-5. Based on the claimant's failed conservative care, recommendations were for operative intervention in the form of three-level spinal fusion from L2 through L5 with the possibility of an L1-2 level to be determined at the time of procedure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal fusion L2-L5 and potentially L1-2: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, the role of operative intervention at three levels (L2 through L5) in the form of spinal fusion with possible extension to L1-2 would not be indicated. The records in this case indicate ongoing complaints of pain and discomfort but do not clinically correlate to the L2 through L5 nerve root level on examination. There is also no indication of lumbar segmental instability at the three requested levels procedure. The specific request would fail to meet California ACOEM Guidelines at present and would not be indicated.