

Case Number:	CM13-0053737		
Date Assigned:	12/30/2013	Date of Injury:	01/15/1992
Decision Date:	03/14/2014	UR Denial Date:	11/05/2013
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, has a subspecialty in Spine 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 reported an injury on 01/15/1992. The mechanism of injury was not provided for review. The patient ultimately developed chronic low back pain and was treated with facet joint injections at the L3-4 and L4-5 levels that provided 80% pain relief that was followed by a radiofrequency facet neurotomy that provided approximately 2 months of pain relief. The patient's most recent physical examination findings included disturbed sensation in the right leg in the L5 nerve root distribution with a positive straight leg raising test bilaterally. Treatment recommendations for this patient included dowel fusion of the facet joints at the L3-4 and L4-5 or open lumbar fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPSX lumbar dowel fusion L3-4, L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Workers' Comp, Low Back Procedures Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The requested OPSX lumbar dowel fusion L3-4, L4-5 is not medically necessary or appropriate. The ACOEM guidelines recommend surgical intervention for patients who have clear deficits supported by clinical and imaging findings that provide significant functional deficits. The clinical documentation submitted for review does provide evidence that the employee is able to ambulate up to 1 mile at a time. Additionally, although it is noted within the documentation that the employee has undergone an MRI, an independent report of this MRI was not provided for review. Additionally, The requested dowel procedure is considered an endoscopic surgery. The Official Disability Guidelines do not recommend endoscopic fusion. As such, the requested OPSX lumbar dowel fusion L3-4, L4-5 is not medically necessary or appropriate.