

Case Number:	CM13-0062063		
Date Assigned:	12/30/2013	Date of Injury:	06/13/2011
Decision Date:	08/07/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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 Neurological 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 injured worker is a 53-year-old gentleman was reportedly injured on June 13, 2011. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated October 23, 2013, indicates that there are ongoing complaints of low back pain, as well as leg pain. The injured employee had a prior lumbar decompression and fusion 10 months prior. The physical examination demonstrated tenderness over the lumbar paraspinal musculature and decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies reported hardware in place from prior surgery; however, a CT scan does not show any bony bridge at the L5 - S1 interbody space. An L5 - S1 exploration and fusion was recommended. A request had been made for an L5 - S1 exploration and fusion with possible revision and was not certified in the pre-authorization process on November 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 EXPLORATION AND FUSION WITH POSSIBLE REVISION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The injured employee had a CT scan of the lumbar spine which does not indicate a fusion 10 months after surgery. The injured employee still has complaints of low back pain with radicular symptoms. At this point, consideration for additional lumbar spine surgeries are medically reasonable. This request for an L5 - S1 exploration and fusion with possible revision is medically necessary.