

Case Number:	CM14-0017121		
Date Assigned:	07/02/2014	Date of Injury:	03/05/2012
Decision Date:	09/18/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 who injured the low back in a work related accident on 03/05/12. The records provided for review include the report of a CT myelogram dated 10/10/13 revealing grade I retrolisthesis with disc bulging at L4-5 and L5-S1 with no foraminal narrowing or focal impingement findings. The report of electrodiagnostic studies of the lower extremities dated 11/03/13 was documented to be within normal limits. The clinical report of 11/04/13 describes continued low back and radiating left leg pain. Physical examination showed equal and symmetrical reflexes, 5/5 motor strength and a normal sensory examination of the lower extremities. Because the claimant had failed to respond to conservative measures, the recommendation was made for a lumbar fusion at the L4-5 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

PL FUSION AT L4-L5 WITH S/P PL. FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: Based on the California ACOEM Guidelines, the proposed lumbar fusion at L4-5 cannot be recommended as medically necessary. ACOEM Guidelines recommend a lumbar fusion for treatment of spinal fracture, dislocation or segmental instability with progressive neurologic compressive findings. There is no documentation in the records reviewed of compressive pathology on examination and this is confirmed with negative electrodiagnostic studies. There is also no documentation or imaging evidence of instability at the L4-5 level. In absence of this documentation, the request for a lumbar fusion at L4-5 cannot be supported.