

Case Number:	CM14-0124451		
Date Assigned:	08/08/2014	Date of Injury:	11/12/2010
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/06/2014

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 38 year old sustaining injury to low back in a work related accident on 11/12/10. Records document the individual is status post a prior L5-S1 lumbar fusion. Follow-up assessment of 04/14/14 indicate continued complaints of pain with well healed surgical incision, tenderness to lumbar palpation with spasm, restricted range of motion and weakness to the extensor hallucis longus and anterior tibialis. Surgery at that time was recommended in the form of a revision fusion procedure due to pseudoarthrosis from prior imaging. Follow up of 06/02/14 indicated continued complaints of pain at which time provider reviewed a previous indication that CT scan performed 03/05/13 showed post-surgical changes at the L5-S1 level with posterior bony fusion and intact hardware. There was still noted to be 4 mm anterolisthesis of L5 relative to S1. From time of 03/05/13 moving forward, there is no orthopedic imaging available for review of the claimant's lumbar spine. Surgical request in the form of a revision surgery at the L5-S1 level is recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Removal Spine Lamina 1/2 lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. 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 California ACOEM Guidelines, surgical revision procedure in this case would not be indicated. While fusion can be indicated for individuals with spinal instability, fracture or spinal dislocation, there is no acute evidence of imaging finding that would necessitate need for operative intervention. Without documentation of recent imaging in direct relationship to the claimant's current physical findings, the acute need for operative process would not be supported. Therefore, the request is not medically necessary.