

Case Number:	CM14-0026344		
Date Assigned:	06/13/2014	Date of Injury:	03/02/1998
Decision Date:	07/16/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/03/2014

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 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 67 year-old female injured on 3/2/1998. The mechanism of injury is not listed. The claimant underwent 3 previous lumbar spine surgeries in 2000, 2003 and 2005, which included an L4-S1 fusion and hardware removal. The most recent progress notes dated 8/2/2013 and 11/6/2013, indicate that there are ongoing complaints of low back pain with radiation to the lower extremities. Physical examination demonstrated tenderness to L3 - Sacrum and sciatic notches bilaterally; lumbar range of motion limited in flexion and extension due to pain; deep tendon reflexes are absent in lower extremities; sensation diminished in the right foot in an S1 distribution; strength diminished in quadriceps and hip flexors bilaterally. EMG/NCS dated 9/26/2013 showed findings consistent with a right L5 radiculopathy. MRI of the lumbar spine demonstrated severe spinal stenosis at L3/4 with disc space collapse and lateral listhesis; however, the MRI report and date is not available. Diagnosis: lumbar radiculopathy status post lumbar spine fusion L4-S1. A request had been made for revision decompression and fusion at L3/4 with instrumentation and was not certified in the utilization review on 2/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION DECOMPRESSION AND FUSION AT L3-L4 WITH INSTRUMENTATION:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM - California Guidelines; Low Back Complaints: Clinical Measures; Surgical Considerations - Spinal Fusion (electronically sited).

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) guidelines support a lumbar spinal fusion in the presence of spondylolisthesis or instability. The claimant has a diagnosis of lumbar radiculopathy and EMG findings consistent a right-sided L5 radiculopathy; however, review of the available medical records fails to document a MRI report or date of any MRI of the lumbar spine. As such, this request is not considered medically necessary.