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| Case Number: | CM14-0033540 | | |
| Date Assigned: | 06/20/2014 | Date of Injury: | 06/02/2004 |
| Decision Date: | 07/24/2014 | UR Denial Date: | 02/22/2014 |
| Priority: | Standard | Application Received: | 03/17/2014 |

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 injured worker is a 59-year-old male injured on June 2, 2004. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated December 17, 2013, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. The physical examination demonstrated ambulation with an antalgic gait. There was tenderness over the lumbar spine both in the midline and over the paravertebral muscles. There was decreased lumbar spine range of motion. There was a normal lower extremity neurological examination. Diagnostic imaging studies objectified degenerative changes of L1/L2 with a posterior disc bulge with spondylosis and a mild retrolisthesis of L1 on L2 as well as a disc bulge at L4/L5 and diffuse facet hypertrophy. A request had been made for laminotomy and fusion from L3 through S1 and was not certified in the pre-authorization process on February 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Laminotomy, and Posterior Spinal Instrumentation and Fusion at L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC - Integrated Treatment/Disability Duration Guidelines, Low Back - Lumbar & Thoracic (Acute & Chronic) Online Version (updated 01/13/14).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), updated July 3, 2014.

Decision rationale: The previous utilization management review dated February 22, 2014 stated that a laminotomy infusion was not certified as there was no evidence of instability degenerative retrolisthesis of L4/L5. However the MRI of the lumbar spine rather showed a retrolisthesis of L1 on L2. There is no documentation of this retrolisthesis being unstable nor is there any documentation stating that the injured employee has failed to improve with conservative methods. For these the reasons this request for a bilateral laminotomy, and posterior spinal instrumentation and fusion at L3/S1 is not medically necessary.