

Case Number:	CM14-0035447		
Date Assigned:	06/23/2014	Date of Injury:	10/10/2012
Decision Date:	07/22/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/21/2014

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 60-year-old female who injured her low back while picking up and loading boxes on 10/10/12. The records provided for review document that the claimant had a past surgical history of an L3-4 and L4-5 posterior decompression in September 2011, which predated her injury. The report of a lumbar MRI dated 10/22/13 identified multilevel degenerative changes, severe foraminal narrowing on the left and moderate on the right at L3-4 with a 4 millimeter disc protrusion and at the L4-5 level mild canal and severe right foraminal narrowing with a disc protrusion. The electrodiagnostic studies of 10/14/13 showed right peripheral polyneuropathy but no indication of lumbar radiculopathy. The clinical assessment on 03/05/14 noted ongoing low back and leg complaints. Physical examination was documented as bilateral positive straight leg rising but no documentation of neurologic testing. Because the claimant had failed to improve with conservative care, the recommendation was made for a two-level fusion at the L3-4 and L4-5. There is no documentation of results of plain film radiographs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy and fusion for levels L3-4 and L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 306-307.

Decision rationale: Based on California ACOEM Guidelines, a two-level lumbar laminectomy and fusion at L3-4 and L4-5 would not be indicated. There is no documentation of instability or documentation of progressive neurologic dysfunction on examination to support the acute need of a two-level fusion. This would also take into account the claimant's recent electrodiagnostic studies that were also negative for a radicular process. The acute need of the requested two-level surgery is not medically necessary.