

Case Number:	CM14-0036306		
Date Assigned:	06/25/2014	Date of Injury:	12/06/2007
Decision Date:	07/28/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	03/25/2014

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 57-year-old male injured on December 6, 2007. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated April 21, 2014, documented ongoing complaints of low back pain radiating into both lower extremities. This note also indicated that the claimant has elected not to proceed with operative intervention. A physical examination was not performed. The clinician indicated that the claimant has probably reached maximal medical improvement. A request had been made for three level decompression and fusion, L3-L4, L4-L5, L5-S1 and was not certified in the pre-authorization process on March 19, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three level decompression and fusion, L3/4, L4/5, L5/S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- TWC; Low Back Chapter, Low Back Procedure Summary; AMA Guides, pg. 384.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS: CLINICAL MEASURES; SURGICAL CONSIDERATIONS-SPINAL FUSION (ELECTRONICALLY CITED).

Decision rationale: The MTUS guidelines do not support the use of lumbar fusion in the absence of fracture, dislocation, complications of tumor, or infection. Based on clinical documentation provided, the claimant had complaints of low back pain, lower extremity radiculopathy that was not corroborated on examination. No radiologist reports were provided for this independent medical review. Additionally, the most recent progress note indicated the claimant languishes to proceed with operative intervention. As such, given the lack of information provided and the claimant's current decision to not proceed with operative intervention secondary to concerns of preoperative complication and because of comorbid diabetes, the request is considered not medically necessary.