

Case Number:	CM13-0056292		
Date Assigned:	12/30/2013	Date of Injury:	07/22/1989
Decision Date:	05/21/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 patient is a 69-year-old male who injured his low back on 7/22/89 while working as a truck driver. An MRI report dated 7/25/13 demonstrated lumbarization of the L1 level. There was noted to be a right pericentral disc protrusion at L3-4, and central and lateral recess stenosis at L4-5, resulting in facet hypertrophy. The claimant's last clinical assessment for review dated 10/3/13 indicated ongoing complaints of low back pain with stiffness, right greater than left. There is noted to be radiating pain to the buttock and into the legs. Objective findings showed a positive straight leg raise, EHL weakness with lumbar spasm, and restricted range of motion. Decompression and fusion at L3-4 was recommended given the claimant's ongoing complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DECOMPRESSION AND FUSION SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. 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 the California ACOEM guidelines, decompression and fusion would not be indicated. The clinical records provided for review do not indicate evidence of lumbar instability in this individual that was injured 24 years ago. At this chronic stage in claimant's clinical course of care, with an absence of clear documentation of compressive pathology or segmental instability, this surgical process cannot be recommended. As such, the request is not medically necessary.