

<b>Case Number:</b>	CM13-0012728		
<b>Date Assigned:</b>	09/18/2013	<b>Date of Injury:</b>	10/01/2012
<b>Decision Date:</b>	01/22/2014	<b>UR Denial Date:</b>	07/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 thirty eight year old female who was injured in a work related accident on October 1st, 2012. The clinical records available for review in this case indicate the claimant is with continued complaints of low back pain with radiating leg pain. Recent clinical assessment for review of June 28, 2013 with treating physician [REDACTED] indicate continued low back complaints and that she has also failed conservative care. He recommended a discography as well as psychological clearance prior to surgical intervention that would include a lumbar fusion. The claimant's diagnosis as of that date was of lumbar disc herniation without myelopathy and lumbar radiculitis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-op psychology clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Procedure - Fusion (spinal)

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Guidelines State that consideration for psychosocial assessment is supported in the setting of possible surgical intervention. This is further supported when looking at Official Disability Guideline criteria, selection criteria for claimants prior to lumbar fusion would specifically include "psychological screening with confounding issues addressed". This is noted in the preoperative surgical indication recommendations per Official Disability Guideline criteria for any claimant undergoing a fusion procedure. Given the nature of the surgical request in question, the specific request in this case would appear to be medically necessary.