

Case Number:	CM13-0019533		
Date Assigned:	10/11/2013	Date of Injury:	08/19/2011
Decision Date:	01/21/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/03/2013

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 Anesthesiology has a subspecialty in Pain Medicine 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 patient is a 38-year-old female who reported a work related injury on 08/19/2011, the specific mechanism of injury not stated. The clinical note dated 07/10/2013 reports the patient was seen for an initial evaluation under the care of [REDACTED]. The provider documents the patient presents with back pain and right lower extremity pain. The provider reports the patient has utilized lower levels of conservative treatment to include injections, radiofrequency ablation, physical therapy, acupuncture, and a medication regimen which includes ibuprofen, Norco, and OxyContin. The provider documents upon physical exam of the patient that tenderness upon the facet joints was noted. The patient had 5/5 motor strength noted throughout, 2+ reflexes throughout, and sensation exam was within normal limits. The provider documented the patient's straight leg raise was negative. The provider reviewed imaging of the patient's lumbar spine, an MRI which revealed L3-4 and L4-5 degenerative disc disease and a disc protrusion at these levels that does cause some stenosis. The provider documented recommendation for the patient to undergo intradiscal ablation. If this is ineffective, the provider recommended a 2 level disc replacement versus fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 DET at L3-4 and L4-5: 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), Low Back Chapter.

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 Chapter.

Decision rationale: The current request is not supported. The clinical documentation submitted for review evidences the patient continues to present with lumbar spine pain complaints status post a work related injury sustained in 08/2011. The requesting provider recommendations were for IDET at the L3-4 and L4-5. The provider is recommending this prior to possible lumbar fusion. However, this intervention, per Official Disability Guidelines, is not recommended. The procedure is suggested for discogenic pain that is nonradicular and that has not responded to conservative treatment as an alternative to a fusion procedure. Given a lack of guideline support for the requested procedure, the request for 1 DET and L3-4 and L4-5 is not medically necessary or appropriate.