

Case Number:	CM13-0029587		
Date Assigned:	11/27/2013	Date of Injury:	12/28/2012
Decision Date:	01/27/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	09/27/2013

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 patient is a 28-year-old male who reported an injury on 12/28/2012. The mechanism of injury was noted as reaching into his trunk to pull a heavy, 70-pound patrol bag. The patient's symptoms include back pain radiating from his low back down his right leg. It was noted that the MRI done on 07/22/2013 showed stable mild degenerative changes at L4-5 and L5-S1. The objective findings include restricted range of motion of the lumbar spine, tenderness and tightness of the muscle band on bilateral lumbar spine areas, positive lumbar facet loading on the right side, positive straight leg raise testing on the right side, and normal motor strength except for -5/5 on the right extensor hallucis longus muscle (EHL) and right hip flexors, and normal deep tendon reflexes. It also notes that the patient reported decreased sensation to pinprick over the top of his right foot on the right side. His diagnoses were listed as lumbar radiculopathy, spinal/lumbar degenerative disc disease, and thoracic pain. In the plan, at his 10/09/2013 office visit, it states that medial branch blocks will be pursued, and if the patient receives excellent relief with medial branch blocks, then would consider radiofrequency ablation. It also states that if medial branch blocks did not give excellent relief, then the diagnosis would most likely be internal disc disruption and a surgical consultation with [REDACTED] would be pursued for a second opinion and consideration of disc replacement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Second surgical opinion / Consult with [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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, Disc prosthesis.

Decision rationale: According to Official Disability Guidelines, disc replacement and prosthesis is not recommended. It states that while artificial disc replacement as a strategy for treating degenerative disc disease has gained substantial attention, it is not possible to draw any positive conclusions concerning its effect on improving patient's outcomes. Studies have failed to demonstrate superiority of disc replacement over lumbar fusion, which is also not recommended for degenerative disc disease. As Official Disability Guidelines state that this surgery is not recommended, the request for a surgical consult to discuss disc replacement is not supported. Additionally, as it is indicated in the patient's records that this treatment plan would only be pursued if the medial branch blocks did not give excellent relief and the result of the medial branch block were not provided within the medical records, it is unknown as to whether this treatment plan was successful. For these reasons, the request is non-certified.

Functional Restoration Program (FRP) candidacy while waiting for second surgical option:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Functional restoration programs (FRPs) Page(s): 49.

Decision rationale: California MTUS Guidelines state that functional restoration programs are a type of treatment included in the category of interdisciplinary pain programs, and were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic, disabling occupational musculoskeletal disorders. These programs emphasize the importance of function over the elimination of pain. Functional restoration programs also incorporate components of exercise progression with disability management and psychosocial intervention. The medical record submitted for review failed to include sufficient evidence of outcomes with previous conservative treatments, including physical therapy and exercise programs. Additionally, it is unknown whether the patient has had a psychological evaluation or treatment. Furthermore, in the most recent office notes, there is a lack of documentation of the patient's decreased function and ability to perform his activities of daily living (ADLs). With the absence and lack of this information, the request for a functional restoration program is not supported. Therefore, the request is non-certified.