

Case Number:	CM13-0033578		
Date Assigned:	12/06/2013	Date of Injury:	07/10/2012
Decision Date:	03/26/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/10/2013

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 22 year old female who reported an injury on 07/10/2012, secondary to a fall. The patient is currently diagnosed with lumbar spine mechanical pain and radiculopathy, disc herniation at L5-S1, and rule out myelopathy. The patient was seen on 07/30/2013. The patient reported ongoing lower back pain with radiation to bilateral lower extremities. Physical examination was not provided on that date. Treatment recommendations included a lumbar spine fusion at L5-S1. The patient had previously undergone an MRI of the lumbar spine on 06/06/2013, which indicated left-sided disc protrusion at L5-S1 resulting in mild to moderate left-sided foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Fusion And Decompression Multilevels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity

limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and a failure of conservative treatment. As per the documentation submitted, there was no physical examination provided on the requesting date of 07/30/2013. There is no documentation of an exhaustion of conservative treatment prior to the request for surgical intervention. There is no evidence of documented instability on flexion and extension view radiographs. There has not been any psychological evaluation prior to the requested surgery. Based on the clinical information received, the current request cannot be determined as medically appropriate. As such, the request is non-certified.