

Case Number:	CM13-0042894		
Date Assigned:	12/27/2013	Date of Injury:	08/19/2004
Decision Date:	06/20/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/21/2013

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, has a subspecialty in Spine Fellowship, 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 an employee of [REDACTED] and has filed a claim for lumbar sprain associated with an industrial injury date of August 19, 2004. Utilization review from October 16, 2013 denied the request for lumbar surgery due to unspecified procedure. Treatment to date has included oral medications, trigger point injections, cervical fusion, physical therapy, and epidural steroid injections. Medical records from 2013 were reviewed showing the patient complaining of persistent neck pain but overall better. There is also low back pain. Physical exam demonstrated spasms of the lumbar spine as well as painful and limited range of motion. There was a positive straight leg raise test but no radiation of the pain was indicated. There was tenderness over the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS, TABLE 12-8.

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

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, lumbar procedures may be recommended given that the patient's history, physical exam, and diagnostic studies demonstrate evidence of a surgical lesion. The findings should demonstrate persistent and progressive deficits that are not responsive to multiple modalities of conservative treatment. In this case, the patient is noted to have chronic low back pain. However, the documentation provided did not indicate the conservative treatments for the low back problem the patient has failed. The history and physical exam did not demonstrate progressive and worsening signs and symptoms. Imaging and electrodiagnostic studies were not presented in the documentation to highlight a surgical lesion. In addition, the request is not specific for a certain type of procedure. The request for lumbar surgery is not medically necessary or appropriate.