

Case Number:	CM13-0045289		
Date Assigned:	12/27/2013	Date of Injury:	12/30/2011
Decision Date:	02/28/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, and has a subspecialty in Interventional Spine 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:

This is a 42 year-old female with a 12/30/2011 industrial injury claim. She has been diagnosed with lumbar DDD at L4/5 and L5/S1; lumbar disc protrusion at L4/5 and L5/S1; lumbar radiculopathy at L4/5 and L5/S1. According to the 10/7/13 report by [REDACTED], the orthopedic surgeon, the patient presents with low back pain radiating to the legs with weakness and tingling in the lower extremities. She has not responded to conservative care including PT, chiropractic, acupuncture, bracing, anti-inflammatory medications and epidural injections. [REDACTED] reviews the 6/28/13 lumbar MRI. He requests a CT scan to evaluate facet joints, and requests lumbar discectomy and decompression at L5/S1, and psychological screening pre-operatively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Psych screening: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) for Independent Medical Examinations and Consultations regarding Referrals, Chapter 7, pg. 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306, Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: According to the 10/7/13 report by [REDACTED], the orthopedic surgeon, the patient presents with low back pain radiating to the legs with weakness and tingling in the lower extremities. She has not responded to conservative care including PT, chiropractic, acupuncture, bracing, anti-inflammatory medications and epidural injections. [REDACTED] has requested a lumbar decompression/discectomy surgery and requested a preoperative psychological screen. The request appears to be in accordance with MTUS/ACOEM guidelines.

Computed tomography (CT) scan lumbar spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: According to the 10/7/13 report by [REDACTED], the orthopedic surgeon, the patient presents with low back pain radiating to the legs with weakness and tingling in the lower extremities. She has not responded to conservative care including PT, chiropractic, acupuncture, bracing, anti-inflammatory medications and epidural injections. [REDACTED] has requested a lumbar decompression/discectomy surgery and requested a CT scan to evaluate the facets. Review of records show that a prior request for facet diagnostic medial branch blocks was denied. MTUS/ACOEM for Special Studies states imaging "...it may be appropriate when the physician believes it would aid in patient management." The surgeon is anticipating a decompression surgery, the MRI did state there was "hypertrophy of the posterior elements" the CT scan appears appropriate for surgical planning for decompression to determine whether a partial facetectomy is required. The request appears to be in accordance with MTUS/ACOEM guidelines.