

Case Number:	CM13-0064108		
Date Assigned:	05/07/2014	Date of Injury:	07/22/2011
Decision Date:	06/12/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/11/2013

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 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 claimant, a 38-year-old female, sustained an injury to the lumbar spine on July 22, 2011. According to the records available for review, the claimant failed conservative care and reported continued radicular complaints to the left leg with consistent compressive findings noted at the L4-5 and L5-S1 levels. Surgical intervention in the form of an L5 and S1 lumbar laminectomy, decompression and discectomy was recommended following failed conservative care. This request was supported by utilization review. Also approved by the carrier were requests for C-arm fluoroscopy, preoperative treatment and post-operative use of a lumbar brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

INTRAOPERATIVE DIAGNOSTIC INTERPRETATION OF THE LUMBOSACRAL X-RAYS: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287,303.

Decision rationale: The California ACOEM Guidelines would not support the need for intraoperative diagnostic interpretation of X-rays in this case. The claimant is already approved

to undergo C-arm fluoroscopy at time of the operative procedure. The request is not medically necessary or appropriate.