

Case Number:	CM13-0069441		
Date Assigned:	01/03/2014	Date of Injury:	12/23/2009
Decision Date:	05/23/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/20/2013

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 injured worker is a 38-year-old male who reported an injury on 12/23/2009. The mechanism of injury was not stated. Current diagnoses include thoracic or lumbosacral neuritis or radiculitis, lumbago, and obesity. The only clinical note submitted for this review is documented on 12/02/2013. The injured worker reported dizziness and nausea with utilization of Cymbalta. Mental status examination revealed a depressed and irritable mood. Treatment recommendations included discontinuation of Cymbalta and initiation of Viibryd 10 mg at bedtime. It is noted that the injured worker underwent an MRI of the lumbar spine on 11/14/2012 which indicated disc desiccation at L3-S1, slight to moderate narrowing at L3-S1, increased lumbosacral angulation, and dorsal disc contour deformities at L4-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

ANTERIOR L4-5 AND L5-S1 DISECTOMY AND FUSION USING PEDICLE SCREWS AND RODS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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 lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines state prior to a discectomy and laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy, or a psychological screening. There is no documentation of an attempt at conservative treatment prior to the request for a surgical intervention. There was no Physician's Progress Report submitted on the requesting date. There is no physical examination of the lumbar spine provided for this review. There is no evidence of documented instability on flexion and extension view radiographs. Additionally, there has not been a psychological evaluation completed prior to the requested procedure. Based on the aforementioned points, the request for anterior L4-5 and L5-S1 discectomy and fusion using pedicle screws and rods is medically necessary.

CT SCAN: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insult or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. The injured worker previously underwent an MRI of the lumbar spine on 11/14/2012. The medical necessity for an additional imaging study has not been established. There was no Physician's Progress Report submitted on the requested date. There is no documentation of a comprehensive physical examination of the lumbar spine. Based on the aforementioned points, the current request for CT scan is not medically necessary.