

Case Number:	CM14-0012021		
Date Assigned:	02/21/2014	Date of Injury:	08/24/2012
Decision Date:	06/26/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/30/2014

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 is a 43-year-old gentleman who reported an injury to the low back in a work related accident on 08/24/12. The records provided for review include a clinical report dated 11/26/13 noting ongoing complaints of low back pain with radiating left leg pain. The claimant also described numbness of the left leg, lateral calf and foot. No objective findings on examination were documented. It was documented that an MRI showed a disc protrusion at L4-5 and L5-S1 with degenerative disc disease, and facet arthropathy with a mass affect on the exiting left L5 nerve root. The formal report was not made available in the records. The report of plain film radiographs showed mild degenerative changes. Physical examination findings of 02/03/14 showed restricted lumbar range of motion, 5/5 distal strength, great toe sensory change on the left and equal and symmetrical reflexes. The recommendation was made for surgery but the specific procedure was not identified.

IMR ISSUES, DECISIONS AND RATIONALES

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

LOW BACK SURGERY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Lumbar Guidelines

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

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for low back surgery cannot be recommended as medically necessary. There is no documentation to determine the exact surgical procedure being requested. When this is taken into the context of this individual's physical examination and lack of documentation of imaging, the clinical picture would not be indicative of the need for operative intervention. The request in this case cannot be supported as medically necessary.