

Case Number:	CM14-0013626		
Date Assigned:	04/09/2014	Date of Injury:	11/22/2013
Decision Date:	05/28/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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 Texas and 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 45-year-old male who reported an injury on 11/22/2013, secondary to heavy lifting. Current diagnoses include lumbar radiculopathy and low back pain. The injured worker was evaluated on 12/01/2013. The patient reported persistent lower back pain with radiation to the right lower extremity. Prior conservative treatment was not mentioned. Physical examination revealed right lower lumbar tenderness to palpation with a normal gait and normal reflexes. Treatment recommendations at that time included a prescription for Nambumetone 750 mg, a urinalysis, and an intramuscular injection of Toradol 60 mg per 2mL. It is noted that the injured worker underwent an MRI of the lower lumbar spine on 12/03/2013, which indicated a T12-L1 large central disc extrusion to free fragment with severe spinal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE RIGHT LUMBAR INTERVERTEBRAL DISC EXCISION WITH SPINAL FUSION, LUMBAR AND THORACIC, POSTERIOR APPROACH AT THE LEVELS OF T12-L1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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)

Decision rationale: The 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. The Official Disability Guidelines (ODG) state preoperative indications include treating and identifying all pain generators, completing all medication and manual therapy interventions, documenting instability on x-ray, CT myelogram or discography, correlating MRI findings with physical examination and symptoms, psychological screening and limiting spinal pathology to 2 levels. Based on the documentation submitted, there is no mention of previous conservative treatment prior to the request for a surgical intervention. There is no evidence of instability on flexion and extension view radiographs. There is no documentation of a psychological assessment prior to the request for a surgical intervention. The request for one right lumbar intervertebral disc excision with spinal fusion, lumbar and thoracic, posterior approach at the levels of T12-L1 is not medically necessary and appropriate.