

Case Number:	CM14-0111548		
Date Assigned:	08/01/2014	Date of Injury:	04/13/2010
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/17/2014

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. 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 49-year-old female who reported an injury on 04/13/2010. The mechanism of injury involved a fall. The current diagnosis is lumbar sprain/strain. The injured worker was evaluated on 05/08/2014 with complaints of constant pain in the lumbar region with radiation into the bilateral lower extremities. Previous conservative treatment includes physical therapy, chiropractic treatment, massage therapy, transcutaneous electrical nerve stimulation (TENS) therapy, and epidural steroid injections. Physical examination on that date revealed tenderness to palpation, severely guarded and restricted flexion and extension, radiculopathy in the lower extremities with generalized weakness, intact sensation, and positive straight leg raising. X-rays obtained in the office on that date indicated a disc space height collapse of L5-S1 with hypermobility at the level of L4-5. Treatment recommendations included a posterior lumbar interbody fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Surgery: Upheld

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

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

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. As per the documentation submitted, the patient does demonstrate radiculopathy upon physical examination. There is evidence of an exhaustion of conservative treatment. However, there were no imaging studies provided for review. The specific type of lumbar surgery was not listed in the request. Based on the clinical information received, the request is not medically necessary.