

Case Number:	CM14-0118117		
Date Assigned:	08/06/2014	Date of Injury:	07/19/2013
Decision Date:	09/10/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/28/2014

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 Neurological 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 records presented for review indicate that this 31-year-old female was reportedly injured on July 19, 2013. The mechanism of injury is described as lifting a patient. The most recent progress note, dated June 23, 2014, indicated that there were ongoing complaints of mid back pain and low back pain. The physical examination demonstrated tenderness along the thoracic and lumbar paraspinal muscles and decreased spinal range of motion. Diagnostic imaging studies of the thoracic spine indicated a three millimeter to four millimeter disc protrusion at T11 to T12. A CT of the thoracic spine indicated a two millimeter anterolisthesis of T11 to T12. Previous treatment has included physical therapy, transforaminal epidural steroid injections to the thoracic spine and lumbar spine, and thoracic facet injections. A request was made for thoracic surgery and was not certified in the preauthorization process on July 3, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Thoracic surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Canale: Campbell's Operative Orthopaedics, 10th ed, Chapter 39, Low back pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Clinical Measures; Surgical Considerations - Spinal Fusion.

Decision rationale: This request does not indicate what type of thoracic surgery is requested. Furthermore, the proposed surgeon stated on April 24, 2014 that another thoracic spine injection was recommended, as well as a repeat MRI of the thoracic and lumbar spine, rather than proceeding to a surgery. Considering these issues, this request for thoracic surgery is not medically necessary or appropriate.