

Case Number:	CM14-0026926		
Date Assigned:	06/20/2014	Date of Injury:	06/28/2010
Decision Date:	07/25/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/04/2014

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; has a subspecialty in Spine 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 44-year-old female who reported an injury on 06/28/2010. The mechanism of injury was not stated. Current diagnoses include lumbar degenerative disc disease, bulging lumbar disc, lumbar facet arthropathy, lumbar spinal stenosis, and thoracic pain. The injured worker was evaluated on 01/23/2014, with complaints of 7/10 pain. Current medications include cyclobenzaprine 5 mg, Norco 5/325 mg, and Flector Patch 1.3%. Previous conservative treatment was not mentioned. Physical examination on that date revealed a nonantalgic gait, 70 degree flexion, and positive facet loading maneuver in the lumbar area. Treatment recommendations included an L4-5 and L5-S1 anterior discectomy with posterior instrumented stabilization.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 ANTERIOR DISCECTOMY, POSTERIOR INSTRUMENTED STABILIZATION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): - pp. 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy.

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, extreme progression of symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment to resolve radicular symptoms. Official Disability Guidelines state prior to a discectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral to physical therapy, manual therapy, or the completion of a psychological screening. The injured worker does not meet any of the above mentioned criteria for the requested procedure. There were no imaging studies provided for this review. There is no mention of an exhaustion of conservative treatment. There is also no documentation of radiculopathy upon physical examination. Based on the clinical information received and the above mentioned guidelines, the request is not medically certified.