

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0077149 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/09/2011 |
| Decision Date: | 08/26/2014 | UR Denial Date: | 05/07/2014 |
| Priority: | Standard | Application Received: | 05/27/2014 |

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 53-year-old female who reported an injury on 02/09/2011. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy, lumbar facet syndrome, chronic pain syndrome, and low back pain. The injured worker was evaluated on 05/25/2014 with complaints of constant low back pain radiating into the left lower extremity. The current medication regimen includes Medrox ointment, Soma 350 mg, Norco 10/325 mg, and Aleve 220 mg. Previous conservative treatment includes physical therapy, medications, and injections. Physical examination revealed an antalgic gait, positive straight leg raising, diminished strength in the left lower extremity, and dysesthesia in the left lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back disk surgery (left L4-5 interlaminar decompression surgery): Upheld

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

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

Decision rationale: The 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 injured worker has been previously treated with injections, physical therapy, and medication. However, there were no imaging studies provided for this review. Therefore, the current request is not medically necessary and appropriate.