

Case Number:	CM14-0081284		
Date Assigned:	07/18/2014	Date of Injury:	05/15/2013
Decision Date:	08/25/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/02/2014

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 injured worker is a 31-year-old female who was reportedly injured on May 5, 2013. The mechanism of injury was noted as twisting of the back as she was exiting a car. The most recent progress note dated March 3, 2014, indicated that there were ongoing complaints of back pain. The physical examination demonstrated decreased lumbar spine range of motion and a normal lower extremity neurological examination of T11 and T12, selective epidural steroid injection was recommended. By examination and diagnostic imaging studies was reported a small disc protrusion at T11-T12. Previous treatment included chiropractic therapy, physical therapy, medial branch blocks, radiofrequency nerve ablation, epidural steroid injections and the use of a transcutaneous electrical nerve stimulation unit. A request was made for an anterior discectomy and fusion and a 2 day hospital inpatient stay and was not certified in the pre-authorization process on May 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anterior discectomy and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official disability Guidelines: Low Back (updated 5/12/14) Discectomy/Laminectomy; ODG: Low Back (updated 5/12/14) Fusion (spinal).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Discectomy/Laminectomy, updated July 10, 2014.

Decision rationale: According to the Official Disability Guidelines, a discectomy is only indicated if there are subjective complaints of radicular symptoms, which corroborate with objective physical examination findings and diagnostic studies. Additionally, a fusion is only recommended for conditions of instability. According to the attached medical record, the injured employee has none of these complaints or findings. Therefore, this request for an anterior discectomy and fusion is not medically necessary.

2 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back (updated 5/12/14) Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Hospital Length of Stay, updated July 10, 2014.

Decision rationale: As the accompanying request for a lumbar spine discectomy and fusion has been determined not to be medically necessary, so is this request for a two day hospital inpatient stay.