

<b>Case Number:</b>	CM14-0083127		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	09/02/2011
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	05/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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 30-year-old individual was reportedly injured on September 2, 2011. The mechanism of injury was noted as pulling on a rope. The most recent progress note, dated June 26, 2014, indicated that there were ongoing complaints of low back pain with radiation into the left lower extremity and to the foot. The physical examination demonstrated tenderness to palpation over the left sacroiliac (SI) joint and lumbar paravertebral muscles with noted hyperextension. Straight leg raise was positive on the left reproducing radicular symptoms in the thigh. Lumbar range of motion was diminished and Faber's test was positive on the left. An MRI of the lumbar spine was obtained on November 30, 2012 and demonstrated a 1 mm disc protrusion at L4-L5. Previous treatment included oral medications and epidural injections. A request had been made for spine surgery and was found to be medically not necessary in the pre-authorization process on May 27, 2014. The reviewer found the requested operative intervention medically not necessary noting that the clinician did not clearly specify what type of operative intervention was being requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Surgery spine (unknown procedure, levels, or length of stay):** 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): accessed electronically.

**Decision rationale:** This is a very vague request that could range from a microdiscectomy to a multilevel fusion. Without further documentation from the treating clinician specifying what operative intervention is to be performed, the requested spinal surgery is considered not medically necessary. Treatment guidelines cannot accurately be applied secondary to insufficient information.