

Case Number:	CM14-0199943		
Date Assigned:	12/10/2014	Date of Injury:	07/22/2013
Decision Date:	02/04/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/01/2014

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 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:

35 year old male claimant with an industrial injury dated 07/22/13. Exam note 10/27/14 states the patient returns with low back pain and hip pain. The patient explains all the pain is left-sided and he experiences a constant ache/ shooting pain in the low back and left hip in which he rates a 4/10. Upon physical exam there was evidence of mild tenderness on the lumbar spine. Range of motion of the lumbar spine is noted as a flexion of 50' with pain, extension of 25', right lateral bending of 30', left lateral bending of 30' with pain, right rotation of 30', and left rotation of 30'. It is noted that there was evidence of varicose on the lower medial leg. Strength of the extensor hallucis longus was noted as 4-/5 on the right and 4+/5 on the left. The patient successfully completed a heel and toe walk bilaterally. Diagnosis is noted as lumbar herniated nucleus pulposus. Treatment includes an anterior lumbar interbody fusion at L4-5, gill laminectomy at L4-5, posterior spinal fusion at L4-5, artificial disc replacement at L3-4, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Follow up visit with orthopedic spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2004, page 127, Official Disability Guidelines (ODG), Low Back, Office visits

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page 127.

Decision rationale: Per the CA MTUS ACOEM 2004, Chapter 7, page 127 states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the exam notes 10/27/14 not demonstrate any objective evidence on instability or failure of conservative care to support a lumbar fusion and therefore a specialist referral. Therefore the request is not medically necessary.