

Case Number:	CM15-0091343		
Date Assigned:	05/15/2015	Date of Injury:	12/10/2009
Decision Date:	06/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California
 Certification(s)/Specialty: Orthopedic Surgery

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 64-year-old male, who sustained an industrial injury on December 10, 2009, incurring back injuries. In May, 2010, Magnetic Resonance Imaging of the lumbar spine revealed herniated discs. He underwent a laminectomy. In 2012, the injured worker underwent lumbar facetectomy, foraminotomy and laminectomy. In August, 2014, a lumbar Magnetic Resonance Imaging showed lumbar laminectomies, degenerative disc disease, and bone fragments entrapping lumbar nerves, severe neuroforaminal stenosis, annular tears and a mass in the right side of the spinal canal. Electromyography studies were normal. Treatment included pain meds, stool softeners, anti-inflammatory drugs, and multiple surgical interventions. Currently, on 4/9/15, the injured worker complained of ongoing low back pain with radicular symptoms into the right lower extremity. The treatment plan that was requested for authorization included a surgical consultation to the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical consult, low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 288.

Decision rationale: CA MTUS/ACOEM guidelines, low back complaints, page 288 recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or specialist. Therefore, the cited guidelines criteria have not been met and determination is non-certification. The request is not medically necessary.