

Case Number:	CM13-0005568		
Date Assigned:	12/27/2013	Date of Injury:	07/15/2010
Decision Date:	03/18/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 patient is a 48 year old injured worker who sustained an injury to the lumbar spine on 09/22/11. Clinical records for review in this case included prior documentation of an MRI scan that revealed a 4-millimeter disc bulge to the left at the L4-5 level with degenerative changes and mild to moderate stenosis. No other clinical findings from the MRI scan were documented. Recent clinical assessment on 06/28/13 by [REDACTED] documented lumbar complaints as well as cervical complaints. Objectively, there was tenderness to palpation, full range of motion, and diminished sensation in an S1 dermatomal distribution with no other formal findings. No other clinical imaging or clinical findings were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 306.

Decision rationale: The ACOEM guidelines indicate that surgical discectomy and decompression are only for "carefully selected patients with nerve root compromise." Clinical records in this case fail to demonstrate a clinical correlation between the claimant's physical examination findings and imaging to support the role of a two-level procedure at the L4-5 and L5-S1 levels. The request for L4-S1 decompression is not medically necessary and appropriate.