

Case Number:	CM13-0006239		
Date Assigned:	08/27/2013	Date of Injury:	11/14/2011
Decision Date:	02/27/2014	UR Denial Date:	07/17/2013
Priority:	Standard	Application Received:	08/02/2013

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 New York. 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 has a date of injury of November 14, 2011. Injury occurred while the patient was placed in PVC pipes in the pipe shifted and the patient injured his back, left shoulder and ribs. The patient complains of chronic low back pain with pain and numbness radiating to the right leg. On physical examination he has tenderness to palpation and spasm of the lumbar spine with decreased range lumbar spine motion. Abnormal light touch sensation is present in the lower extremities. Specific radiculopathy is not described. The patient has been diagnosed with lumbar strain, radiculopathy, spinal stenosis, and degenerative disc condition. The patient had 5 sessions of aquatic therapy with no improvement. He's also had physical therapy, medications, and a left S1 transforaminal steroid injection which did not improve his symptoms. MRI of the lumbar spine from March 2012 documented congenital narrowing of the lumbar spinal canal with degenerative disc condition and facet joint arthropathy at multiple levels. Patient has thecal sac stenosis at L3-4 and left-sided foraminal narrowing at L5-S1. At issue is whether minimally invasive lumbar decompression at L3-4 and L5-S1 is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

minimally invasive lumbar decompression) L3-L4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-316. Decision based on Non-MTUS Citation ODG Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-309. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Pain Chapter.

Decision rationale: This patient does not meet established criteria for lumbar decompressive surgery/procedure. Physical examination does not document a neurologic deficit or radiculopathy in the lower extremities. Physical examinations in the records have consistently shown normal reflexes normal motor function. A specific nerve root lumbar neurologic radiculopathy is not described in the physical examination. The medical record is not indicated progressive neurologic deterioration, myelopathy or spinal instability. The documentation clearly does not establish a radiculopathy. Establish guidelines indicate that radiculopathy must be present and specifically correlated with nerve root compression in the lumbar spine. There is no such correlation in this case. Therefore, the patient does not meet criteria for lumbar decompression.