

Case Number:	CM13-0015484		
Date Assigned:	10/09/2013	Date of Injury:	05/11/2012
Decision Date:	01/10/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/23/2013

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:

This is a 45-year-old gentleman who sustained an injury to his low back on 05/11/12. The clinical records for review include an 08/10/12 MRI report of the lumbar spine showing the L3-4 level to be with a disc bulge eccentric to the right with no evidence of canal stenosis with minimal narrowing of the right neural foramina noted. The L4-5 level was noted to be with a broad-based disc protrusion mildly eccentric towards the left with mild asymmetric narrowing of the left neural foramina. No nerve root compression was noted. A second MRI scan was performed on 06/07/13 that showed no finding at the L3-4 level and the L4-5 level to be with a disc bulge associated with right foraminal protrusion but no evidence of spinal stenosis or nerve root compression. The claimant's most recent clinical progress report is dated 06/14/13 with [REDACTED] giving an interval history of continued complaints of low back pain with prolonged activity with radiating pain to the left lower extremity. Physical examination showed 5-/5 gastrocnemius strength bilaterally with diminished sensation in a left L5-S1 dermatomal distribution and a positive left-sided straight leg raise. The claimant was diagnosed with disc herniations at L3 through L5. The plan at that time, based on failed conservative care that included therapy, medication management, and epidural steroid injections was for a two-level surgical process in the form of L3-4 and L4-5 decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 lumbar decompression at the L3-L4 and L4-L5 levels: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: CA MTUS ACOEM Guidelines state, "Therefore, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise". Based on California MTUS ACOEM Guidelines, the surgical process cannot be supported. The recent imaging fails to demonstrate any degree of finding at the L3-4 level, and at the L4-5 level demonstrates no significant stenosis or neural compressive pathology. In the absence of clinical imaging supportive of a neurocompressive process at the two requested surgical levels, the procedure cannot be recommended as medically necessary.