

Case Number:	CM13-0016369		
Date Assigned:	04/23/2014	Date of Injury:	11/22/1996
Decision Date:	06/02/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/26/2013

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 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 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:

The patient is a 40-year-old female the date of injury of November 22, 1996. The patient has chronic low back pain. She's been diagnosed with spinal stenosis in the lumbar region. She's had bilateral L3-4 epidural steroid injections with 60% relief of pain for 6 weeks. She continues to have back pain radiating to her legs. On physical examination patient is obese. She has tenderness to the lumbar paraspinal musculature. Straight leg raising is negative. Motor strength is normal in the bilateral extremities. Reflexes are normal bilaterally lower extremities. Patient had a previous MRI in December 2011 that showed moderate to severe stenosis at L3-4 and L4-5. The patient also has an MRI in 2009. MRI the lumbar spine has been requested. Lumbar decompressive surgery has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI OF THE LUMBAR SPINE W/O CONTRAST: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: American College of Occupational and Environmental Medicine (ACOEM). pages 303-304.

Decision rationale: There is no medical necessity for repeat lumbar MRI. The patient is early had 2 previous MRIs. There is no documentation of progression of symptoms or difference of symptomatology. Patient was diagnosed with L3-4 and L4-5 degenerative change with spinal stenosis. There is no evidence of functional deficit on physical examination. There is no evidence of radiculopathy. The patient's physical exam is documented as being normal neurologically. There is no medical necessity for repeat MRI.

LUMBAR LAMINOTOMY & DECOMPRESSION AT L3-L4, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-MTUS Citation: American College of Occupational and Environmental Medicine (ACOEM), pages 305, 307.

Decision rationale: This patient does not meet criteria for lumbar decompressive surgery. Specifically the patient does not have a neurologic deficit on physical examination. There is no documentation of lumbar radiculopathy on physical exam. There is no correlation between physical exam findings of specific radiculopathy and lumbar imaging studies showing compressive unaffected nerve root. There is no evidence of progressive neurologic deficit. Lumbar decompressive surgery is not medically necessary.