

Case Number:	CM13-0019464		
Date Assigned:	01/24/2014	Date of Injury:	07/31/2012
Decision Date:	03/25/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	09/03/2013

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 is a 37 year old male who sustained an industrial injury on 31 July 2012. He was diagnosed with lumbar disc herniation and underwent L4-5 laminectomy with discectomy in September 2012. The patient is a smoker and the medical records indicate that after the surgery he sneezed and his legs gave out causing him to fall down the stairs. Postoperative lumbar MRI from February 2013 revealed L1-2 millimeter disc bulge with no spinal stenosis, L2-3 disc degeneration with some spinal stenosis, L3-4-5 millimeter disc protrusion with some ligamentum flavum hypertrophy and bilateral foraminal narrowing. At L4-5-1 4 mm disc bulge with moderate to severe foraminal narrowing but no significant central stenosis was present at L5-S1 disc degeneration without stenosis was present. Patient had electrodiagnostic studies October 25, 2013 revealed no evidence of chronic L5 radiculopathy on the left. The study could not exclude the possibility of meralgia paresthetica. The patient has been treated with chiropractic care which is not as proved his pain. Physical examination reveals tenderness to low back with limited range of motion of the low back. Deep tendon reflexes are symmetric in the bilateral lower extremities. There is decreased sensation in the left leg. At issue is whether additional spine surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1. Decompression Laminectomy and Discectomy at L3-4 and L4-5 with posterior Lateral fusion, bone graft, pedicle screw fixation and posterior interbody fusion at L3-4 and L4-5:
Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, page 307

Decision rationale: The Physician Reviewer's decision rationale: This patient does not meet criteria for lumbar fusion and decompressive surgery. Specifically, the patient's imaging studies do not document any evidence of lumbar instability. The patient also does not have any red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. The patient does not meet criteria for lumbar decompressive surgery. Specifically, the patient has neurophysiologic studies that do not demonstrate any evidence of lumbar radiculopathy. In addition the patient's physical examination does not demonstrate specific radiculopathy that is correlated with imaging studies and neurophysiologic testing. Establish criteria for lumbar decompression and fusion surgery are not met in this case.