MAXIMUS Federal Services

Case Number:	CM13-0020603		
Date Assigned:	12/13/2013	Date of Injury:	01/24/2012
Decision Date:	02/10/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/05/2013

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 Physical Medicine and Rehabilitation 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 27-year-old male who reported an injury on 06/04/2011 due to loading a couch on a truck, causing injury to his left knee and low back. The clinical documentation submitted for review does indicate that the patient underwent an MRI that revealed 3 levels of disc herniation and significant central canal stenosis. Prior treatments included physical therapy, epidural steroid injections, and medications. The patient's most recent clinical examination findings included a positive straight leg raising test at 30 degrees, tenderness to palpation along the thoracic bony process and paraspinal musculature, and restricted lumbar range of motion secondary to pain. It was also noted that the patient had lower extremity lumbar radicular pain and dysesthesias. The patient's diagnoses included lumbar radiculopathy, sprain/strain of the lumbosacral spine, herniated nucleus pulposus of the lumbosacral spine, and lumbosacral spinal canal stenosis. The patient's treatment plan included an L3-4 and L4-5 decompression with possible discectomy and continued medication usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 and L4-L5 Decompression w/Possible Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-306..

Decision rationale: The requested L3-L4 and L4-L5 Decompression w/Possible Discectomy is not medically necessary or appropriate. The patient does have persistent back pain that has failed to respond to conservative measures. American College of Occupational and Environmental Medicine recommends surgical considerations for low back complaints be supported by lower extremity symptoms in distributions consistent with abnormalities on an imaging study, activity limitations greater than 1 months, clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit from surgical intervention, and failure of conservative treatment to resolve the patient's radicular symptoms. The clinical documentation submitted for review does provide evidence that the patient has sensational disturbances in the lower extremities and a straight leg raising test to 30 degrees. However, the clinical documentation does not provide any physical objective evidence of radicular findings correlative with a specific dermatomal pattern. Additionally, although it is noted within the documentation that the patient has undergone an MRI with central canal stenosis and significant neurological pathology, this MRI was not actually submitted for review. In the absence of an imaging study and physical objective findings to support specific dermatomal disturbances, surgical intervention would not be supported by guideline recommendations. As such, the requested L3-L4 and L4-L5 Decompression w/Possible Discectomy is not medically necessary or appropriate.

Pre-Op Medical Clearance: 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 Official Disability Guidelines (ODG), Low Back Chapter, Pre-Operative Testing.

Decision rationale: The requested Pre-Op Medical Clearance is not medically necessary or appropriate. The clinical documentation submitted for review does not support surgical intervention at this time. Therefore, preoperative clearance would not be indicated. As such, the requested Pre-Op Medical Clearance is not medically necessary or appropriate.