

Case Number:	CM13-0025675		
Date Assigned:	11/20/2013	Date of Injury:	07/18/2011
Decision Date:	07/30/2014	UR Denial Date:	08/23/2013
Priority:	Standard	Application Received:	09/18/2013

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 Neurological 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 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 injured worker is a 43-year-old female who was reportedly injured on July 18, 2011. The mechanism of injury was noted as a slip and fall on a wet floor. The most recent progress note, dated May 7, 2013, indicated that there were ongoing complaints of low back pain. However, these notes were difficult to read. A note, dated April 29, 2013, also contained a complaint of low back pain radiating to the lower extremities. The physical examination demonstrated tenderness of the paraspinal muscles and decreased lumbar range of motion as well as weakness and decreased sensation in the lower extremities, although it was not stated where. Diagnostic imaging studies objectified L5-S1 disc desiccation and a 3 mm to 4 mm diffuse posterior disc bulge and bilateral facet arthropathy. An anterior-posterior discectomy, decompression and fusion of the lumbar spine were recommended. Previous treatment included physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medications, and epidural steroid injections. A request had been made for a laminotomy with decompression of the nerve roots including partial facetectomy, foramenotomy and/or excision of herniated injured vertebral disc at one level and was not certified in the pre-authorization process on August 23, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 ANTERIOR POSTERIOR DISCECTOMY, DECOMPRESSION AND FUSION FOR THE LUMBAR SPINE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: A discectomy along with decompression and fusion is only recommended in patients with corroborating radicular findings. While the injured employee complained of radiating symptoms to the lower extremities, it was not stated which leg or where on the leg. Additionally, the physical examination dated April 29, 2013, recommended the surgery and also stated there were weakness and decreased sensation in the lower extremity but does not state which leg or where on the leg. Furthermore imaging studies only showed L5-S1 disc desiccation and disc bulge without any nerve root compression. Considering this, it is unclear why discectomy along with decompression and fusion was requested. Therefore, this request for an L5-S1 anterior-posterior discectomy, decompression and fusion for the lumbar spine is not medically necessary.