MAXIMUS Federal Services

Case Number:	CM13-0026458		
Date Assigned:	11/22/2013	Date of Injury:	05/07/2012
Decision Date:	02/03/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/19/2013

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, Connecticuit, and Pennsylvania. 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 claimant is a 34-year-old injured worker who was injured in a work related accident on May 7, 2012. Records indicate complaints of low back pain. Recent clinical assessment for review includes an August 29, 2013 assessment with [redacted] indicating complaints of low back pain, constant in nature, with associated numbness to the bilateral legs left greater than right. Physical examination findings showed axial pain with palpation, equivocal nerve root tension signs and a guarded examination. There was no formal documentation of neurologic findings with normal deep tendon reflexes, no muscular weakness or sensory changes noted. Lumbar MRI scan available for review from August 26, 2013 showed the L4-5 level to be with mild to moderate bilateral neural foraminal narrowing and the L5-S1 level to be with mild to moderate right neural foraminal narrowing. There was noted to be left slightly greater than right compression at the bilateral L5 and S1 nerve roots. Based on failed conservative care for the claimant, a two level microdiscectomy and decompression at the L4-5 and L5-S1 level was recommended for further treatment in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microscopic decompression at L4/L5 and L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: Based on California ACOEM Guidelines, the requested surgical process would not be indicated. While the claimant is noted to be with compression on the MRI scan, the claimant's clinical findings including recent physical examination fail to demonstrate a radicular process that would support the need of the decompressive procedure in question. The claimant was with a normal motor, sensory and reflexive examination to the lower extremities with negative straight leg raising. The absence of neurologic findings that would correlate with the claimant's imaging at present would fail to necessitate the role of an acute operative process at this chronic stage in the claimant's course of care. The request for Microscopic decompression at L4/L5 and L5/S1 is not medically necessary and appropriate

Post-op physical therapy two times a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.