

Case Number:	CM13-0028797		
Date Assigned:	11/27/2013	Date of Injury:	10/14/2010
Decision Date:	01/21/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/24/2013

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. 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:

She is a 41-year-old, female who was injured 10/14/10 sustaining an injury to the low back. Clinical records reviewed specific to her lumbar complaints include MRI report of 08/15/12 showing a central disc extrusion at L2-3 resulting in severe central stenosis with mild facet arthropathy. There is also a broad based, central disc protrusion at L4-5 resulting in mild narrowing of the right neural foramina with bilateral facet arthropathy. Recent clinical assessment for review includes a 03/07/13 progress report indicating follow up complaints of upper and low back pain with intermittent right leg numbness. The claimant is ambulating with a cane. Objectively there is tenderness about the lumbar spine to palpation, 5-/5 strength to the right foot with plantarflexion, 4/5 strength with dorsiflexion. Sensation was intact with the exception of diminished dorsal and plantar surface of the right foot as well as right calf. The claimant was diagnosed with mild right L5 radiculopathy. It states she has failed conservative care. Surgical intervention was recommended in the form of a two level discectomy at L2-3 and L4-5 levels for further intervention. Conservative care is noted to have included medication management, activity restrictions, and aquatic therapy. There was request for epidural injections at the L4-5 level, but formal documentation of epidural was not noted. There was also recent treatment in the form of trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for Surgical Decompression at L2-3 and L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: Based on California ACOEM Guidelines the role of two level lumbar decompression at the L2-3 and L4-5 levels cannot be supported. Guideline criteria in the role of surgical discectomy and decompression states that it is for carefully selected individuals with nerve root compromise on examination due to lumbar disc prolapse. The records in this case fail to demonstrate compressive findings at the L2-3 level on examination with the lack of clinical documentation to support the role of two level procedures being requested. Recent conservative care is unclear dating back to March 2013. The role of surgical process based on lack of clinical correlation between claimant's exam findings and imaging would fail to necessitate surgery at this chronic stage in the claimant's clinical course of care.