

Case Number:	CM13-0029128		
Date Assigned:	11/01/2013	Date of Injury:	05/17/2006
Decision Date:	04/07/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	09/26/2013

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 Orthopedic Surgery, has a Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 patient is a 51-year-old female who reported an injury on 05/17/2006. The mechanism of injury was not specifically stated. The patient is diagnosed with right shoulder contusion, right shoulder subacromial bursitis, right shoulder impingement, decreased range of motion with right shoulder adhesive capsulitis, right hip trochanteric bursitis, left hip trochanteric bursitis, status post bilateral carpal tunnel release, multilevel lumbar herniated nucleus pulposus, status post cervical spine surgery, multilevel cervical herniated nucleus pulposus, lumbar radiculopathy, rule out cervical radiculopathy, and status post right shoulder surgery in 2011. A request for authorization was submitted by [REDACTED] 08/19/2013 for an outpatient microlumbar decompression. However, there is no documentation of a physician progress report on the requesting date. The patient was seen by [REDACTED] on 09/09/2013. It is noted that the patient awaits authorization for a lumbar spine surgery and postoperative physical therapy. The patient reported ongoing lower back pain, rated 8/10. Physical examination revealed tenderness to palpation, decreased range of motion, decreased sensation on the right L3-S1 dermatomes, and diminished strength of the plantar flexors. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT RIGHT L3-4, L4-5, AND L5-S1 MICROLUMBAR DECOMPRESSION:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation submitted, the patient does demonstrate decreased sensation and decreased strength in the lower extremities. However, there was no imaging studies provided for review. There was no documentation of radiculopathy upon electrodiagnostic study. There was no evidence of documented instability on flexion and extension view radiographs. Additionally, there has not been a psychological evaluation completed prior to the requested procedure. Based on the clinical information received, the request is non-certified.