

Case Number:	CM13-0030323		
Date Assigned:	11/27/2013	Date of Injury:	09/01/2010
Decision Date:	01/23/2014	UR Denial Date:	09/24/2013
Priority:	Standard	Application Received:	10/21/2013

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:

The patient is a 32-year-old female who was injured in a work related accident on 9/1/10. An MRI report of the lumbar spine dated 9/27/11 showed the L4-5 level to have no evidence of foraminal compromise with a disc bulge. It also showed minimal effacement in the L5-S1 level with normal maintained disc height and disc bulge, left sided posterior facet degeneration, and no foraminal compromise. A neurosurgical consultation with [REDACTED] on 7/2/13 stated that the claimant had continued complaints of low back and left leg pain. He reviewed the claimant's imaging, which he described as "not definitively diagnostic," and performed a physical examination that showed negative straight leg raising and not detectable weakness or sensory/reflexive change. He stated specifically he would be hesitant to recommend surgical intervention. A follow up report with [REDACTED] on 7/24/13 documented continued complaints of low back, left leg, and buttock pain failing conservative care. It also states that recent epidural injections have not alleviated pain complaints. He describes trace EHL weakness with otherwise normal motor testing, and diminished and symmetric reflexes. Based on failed conservative care, he recommended a t lumbar laminectomy and decompression at the L4-5 and L5-S1 levels to be performed. Further imaging is not available for review in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

lumbar laminectomy at the L4-L5 level: Upheld

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

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

Decision rationale: The claimant's clinical picture and presentation does not support compressive findings on imaging, nor does it correlate with sustained physical examination findings, which were not clearly documented at the L5-S1 level. The second neurosurgical opinion indicated that the claimant was not a reasonable surgical candidate based on the clinical picture. Based on lack of compressive etiology noted on imaging, the role of L4-5 surgical procedure at this stage in the claimant's chronic course of care would not be indicated.

lumbar laminectomy at the L5-S1 level: Upheld

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

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

Decision rationale: The claimant's clinical picture and presentation does not support compressive findings on imaging, nor does it correlate with sustained physical examination findings, which were not clearly documented at the L5-S1 level. The second neurosurgical opinion indicated that the claimant was not a reasonable surgical candidate based on the clinical picture. The role of an acute surgical process at this stage in the claimant's chronic course of care would not be indicated.

assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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