MAXIMUS Federal Services

Case Number:	CM13-0032561		
Date Assigned:	03/17/2014	Date of Injury:	11/14/2006
Decision Date:	05/22/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	10/08/2013

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 and is licensed to practice 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 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 claimant is a 57-year-old female who injured her low back in a November 14, 2006, fall. A February 22, 2013, MRI report showed disc desiccation at the L4-5 level, as well as L5-S1 level disc desiccation and hypertrophic facet joint changes. The report also noted the presence of a 2 millimeter left posterolateral disc protrusion encroaching the left neural foramina and no specific nerve root compression. The most recent orthopedic report available for review is a September 19, 2013, assessment by [redacted], who documented the claimant's ongoing complaints of low back pain and radiating left leg pain. He also noted that the claimant failed conservative measures. Physical examination showed restricted range of motion with 5/5 motor strength to the bilateral lower extremities, equal and symmetrical hyper-reflexes of +3 to the upper and lower extremities, positive bilateral straight leg raising and no sensory deficit. The claimant was diagnosed with lumbar lateral recess stenosis and radiculopathy. Based on failed conservative measures, two-level surgery for an L4-5 and L5-S1 decompression and laminectomy was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT-SIDED L4-5 AND L5-S1 LUMBAR DECOMPRESSION LAMINECTOMY:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

Decision rationale: According to the MTUS/ACOEM guidelines "Surgical diskectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." The records available for review do not establish a correlation between the claimant's physical examination findings and imaging report. There is no documentation of neurologic findings on examination consistent with the L4-5 or L5-S1 level. Therefore, the request for Left-Sided L4-5 and L5-S1 lumbar decompression laminectomy is not medically necessary and appropriate.