

Case Number:	CM13-0033895		
Date Assigned:	12/06/2013	Date of Injury:	04/16/2012
Decision Date:	01/28/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

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 claimant is a 49-year-old female who was injured on April 16, 2012 sustaining injury to the low back. Records for review include a neurosurgical consultation of July 17, 2013 with [REDACTED] stating the claimant is with continued complaints of low back pain with intermittent numbness below the knee on the right. Physical exam findings showed negative straight leg raise, normal motor and reflexive changes with preserved lumbar function. He described minimal subjective numbness to the left lateral thigh. He reviewed an MRI scan of June 21, 2013 showing a left L3-4 annular tear with disc degeneration. He referred her for facet joint injections as he did not feel she was "a candidate for any type of spinal surgery". Further follow-up with PM&R physician, [REDACTED] on September 16, 2013 indicated that the claimant was frustrated by ongoing complaints with physical examination showing diminished sensation to light touch over her medial thigh and lateral thigh distribution to the right. He had recommended referral to a [REDACTED] to proceed with surgery in the form of a minimally invasive lumbar decompressive procedure. Further clinical records are unclear. At present there is a request for the minimally invasive decompressive procedure to be performed at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 1 minimally invasive lumbar decompression (Mild) surgery at L4 and L5 between 9/26/2013 and 11/10/2013: Upheld

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

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

Decision rationale: The request for 1 minimally invasive lumbar decompression (Mild) surgery at L4 and L5 between 9/26/2013 and 11/10/2013

The request for 1 (BUN) Blood Urea Nitrogen/Creatinine and Hepatic function panel between 9/26/2013 and 11/10/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: MTUS Guidelines are silent. When looking at Official Disability Guidelines, preoperative laboratory assessment would not be indicated in this case as the role of operative intervention has not yet been established, thus negating the need for any preoperative assessment.