MAXIMUS Federal Services

Case Number:	CM13-0035779		
Date Assigned:	12/13/2013	Date of Injury:	08/13/2012
Decision Date:	04/24/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/17/2013

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:

This claimant is a 59-year-old gentleman who injured his low back in a work-related accident while closing a trailer door on 08/13/12. The records provided for review documented that following a course of conservative care, the claimant underwent an L2- 3 discectomy and laminectomy procedure on 06/15/13 and postoperatively did well until he felt an acute pop that resulted in an acute onset of pain in early August. The report of a postoperative MRI dated 08/14/13 showed the L2-3 level to have a recurrent broadbased disc protrusion with severe right and mild left neural foraminal narrowing resulting in impingement upon the exiting right nerve root. The records documented that the claimant was treated with an epidural steroid injection, medication, and therapy but his Final Determination Letter for [redacted] 3 symptoms did not respond. The 12/05/13 follow-up assessment documented that the claimant had continued physical examination findings of weakness of the quadriceps bilaterally and L2 and L3 dermatomal dysesthesias. Based on his ongoing complaints and imaging findings, recommendation was made for a repeat laminectomy at the L2-3 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT L2-L3 RIGHT REVISION LAMINECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

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

Decision rationale: Based on the ACOEM Guidelines, the request for outpatient L2-L3 right revision laminectomy would appear medically necessary. The employee has recurrent findings of a disc protrusion at the L2-3 level resulting in compressive pathology of the exiting nerve root. The employee's symptoms have failed to improve with appropriate conservative care and the employee continues to be symptomatic. Based on the employee's current clinical picture, the diagnostic imaging and failure to respond to conservative treatment, the proposed surgery is medically necessary.