

Case Number:	CM13-0035795		
Date Assigned:	12/13/2013	Date of Injury:	10/16/2012
Decision Date:	02/11/2014	UR Denial Date:	10/04/2013
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 Orthopedics and is licensed to practice in New Hampshire and New York. 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 37-year-old male with a date of injury on October 16, 2012. The patient has chronic low back pain. On September 10, 2013, the patient, who was 3 months status post L5-S1 laminectomy and discectomy surgery, presented with low back pain radiating down the left leg to the foot with numbness. Physical examination revealed tenderness to palpation of the spine and reduced range of lumbar motion. Motor exam showed 4+ out of 5 strength of the right tibialis anterior and right extensor hallucis longus (EHL). There is 4/5 strength of the left tibialis anterior and left EHL. There is diminished sensation of the left L4 and L5 dermatomes. Straight leg raise is positive on the left. There is a diminished Achilles reflex. The patient does not have postoperative imaging studies. On September 23, 2013, neurophysiologic testing of the lower extremities was reportedly normal. Diagnoses include grade 1 degenerative retrolisthesis of L5, lumbar degenerative disc disease, lumbar facet arthropathy, and status post L5-S1 lumbar laminectomy and discectomy. At issue is whether additional spinal decompressive surgery is medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

A posterior L5-S1 lumbar decompression: Upheld

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

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

Decision rationale: The patient has neurophysiologic testing from September 23, 2013, which is reportedly normal in the bilateral lower extremities and does not demonstrate any evidence of lumbar radiculopathy. In addition, the patient does not have any post surgery imaging studies that demonstrate new compressive pathology in the lumbar spine. The medical records do not include a correlation between the patient's physical examination and imaging studies that demonstrate specific radiculopathy. Established criteria for lumbar decompressive surgery are not met. Therefore, the requested posterior L5-S1 lumbar decompression is not medically necessary or appropriate at this time.