

Case Number:	CM13-0038413		
Date Assigned:	12/18/2013	Date of Injury:	09/05/2011
Decision Date:	02/24/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	10/25/2013

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 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 has chronic low back pain. He is a 50-year-old male who injured his back on September 5, 2011 while picking up a heavy object. MRI from October 2012 shows L5-S1 disc degeneration with central disc protrusion. Patient complains of chronic back pain and radiating leg pain. Conservative care including medications and physical therapy has not been effective. Physical examination shows limited range of lumbar motion secondary to pain. The patient has normal motor strength and equal symmetric reflexes and normal sensation in the bilateral lower extremities. At issue is whether or not spinal decompressive and fusion surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy and stabilization at L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-310. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Pain Chapter

Decision rationale: This patient does not meet established criteria for lumbar decompression and stabilization surgery. Specifically, the patient does not have documented instability of the lumbar spine. There are also no red flag indicators for spinal surgery to include fracture, tumor, or significant neurologic deficits. The patient's lumbar spinal imaging studies do not demonstrate significant spinal stenosis. In addition, the patient has a physical exam which documents normal neurologic function in the bilateral lower extremities. There is no evidence of lumbar radiculopathy. The imaging studies and physical examination do not support any for spinal surgery. The request for lumbar laminectomy and stabilization at L5-S1 level is not medically necessary and appropriate.