

Case Number:	CM13-0039745		
Date Assigned:	05/30/2014	Date of Injury:	07/04/2011
Decision Date:	07/02/2014	UR Denial Date:	10/01/2013
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 in Texas. 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 injured worker is a 31 year old male who reported an injury to his low back on 7/4/11. The psychological evaluation completed on 05/17/13 indicates the injured worker demonstrating abnormal behaviors and emotional withdrawal as well as visible anxiety and depressive facial expressions. The electrodiagnostic studies completed on 06/10/13 indicated no findings consistent with neuropathy. There is an indication the injured worker demonstrated membrane irritability and trace positive shockwaves in the right L5 and S1 paraspinal muscles possibly indicating a lumbar radiculopathy at those levels. The clinical note dated 07/19/13 indicates the injured worker demonstrating strength deficits with the right invertors, the right EHL, and the right evertors. Diminished sensation was identified in the right L5 and S1 distributions. The injured worker did demonstrate a positive straight leg raise on the right at 35 degrees. The records review report dated 08/06/13 indicates the injured worker complaining of low back pain. The note does indicate the injured worker having initially presented on 07/07/11 with complaints of low back pain. The injured worker was subsequently diagnosed with a lumbar strain. A subsequent note indicates the injured worker utilizing Norco for pain relief. Physical therapy was also recommended at that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 LUMBAR DECOMPRESSION: 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 documentation indicates the injured worker complaining of ongoing low back pain. There was also an indication the injured worker has demonstrated clinical findings consistent with an L5 radiculopathy. However, no imaging studies were submitted confirming the injured worker's L5 neurocompressive findings. Additionally, the electrodiagnostic studies revealed possible radiculopathy in the L5 and S1 distributions on the right. However, no definitive evidence was provided with these studies. Given that no information was submitted regarding the injured worker's confirmation of L5-S1 neurocompressive findings, this request is not indicated as medically necessary.