

Case Number:	CM13-0041213		
Date Assigned:	12/20/2013	Date of Injury:	08/04/2012
Decision Date:	02/14/2014	UR Denial Date:	09/27/2013
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 Orthopaedic 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 52-year-old individual who sustained any injury to the low back in a work related accident 08/04/12. Recent clinical assessment for review included an MRI report of 08/14/13 that showed postoperative changes at the L5-S1 level consistent with prior laminectomy. A follow up clinical consultation on 09/20/13 documented that the claimant had continued low back and lower extremity pain. Physical examination showed loss of range of motion with sensory deficit to the left L5 and S1 dermatomal distribution and positive straight leg raise. Revision decompression at the L5-S1 level was recommended based on claimant's clinical presentation. The claimant's surgical process took place on 05/01/13. The lateral recess extruded disc component was not noted on postoperative MRI of 08/14/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminotomy (Hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, for aminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar: 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): 306.

Decision rationale: Based on CA MTUS ACOEM Guidelines, revision decompression and discectomy would not be indicated. The claimant's current clinical presentation does not support an acute neural compressive process based on the postoperative imaging available for review. While an MRI scan does demonstrate an interval change from the preoperative MRI, it clearly indicates that the extruded disc fragment has been removed. The role of a revision process based on the claimant's current physical examination findings alone would not be indicated.