

Case Number:	CM13-0043255		
Date Assigned:	12/27/2013	Date of Injury:	12/17/2008
Decision Date:	02/26/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	10/31/2013

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 Pennsylvania. 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 records indicate the claimant is a 48 year old male with a history of chronic back and lower extremity pain. The claimant has a reported date of injury of December 17, 2008. The records indicate the claimant has been treated with medications, medical branch blocks and modified activities. He also underwent prior physical therapy. The claimant has reported continued activity related discomfort and a lumbar decompression has been requested. The claimant's most recent MRI of the lumbar spine was performed on July 1, 2013. This was compared to a previous MRI study of January 13, 2011. The new study indicated the claimant's previous disc protrusion at L5-S1 was "either much smaller or completely resorbed". The claimant had no significant canal stenosis or significant foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

A lumbar decompression: Upheld

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

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

Decision rationale: The requested lumbar decompression cannot be recommended as medically necessary. Lumbar decompression procedures are indicated for patients with radicular pain complaints, objective findings on examination and correlating findings on imaging that indicate neurocompressive pathology. In this case, the claimant does not have focal radicular symptoms, objective radicular findings on examination or neurocompressive pathology on imaging. The claimant therefore does not meet appropriate CA ACOEM-MTUS Guidelines for the requested surgical procedure