

Case Number:	CM13-0049676		
Date Assigned:	12/27/2013	Date of Injury:	01/21/2009
Decision Date:	02/28/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/08/2013

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 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:

This is a 58-year-old female who sustained a repetitive type injury on 01/29/09 of the right shoulder, left knee, bilateral wrists, cervical and lumbar spine. An MRI of 11/18/12 demonstrated L3-4 moderate to severe central and bilateral recess stenosis at L4-5, moderate central and moderate to severe bilateral recent stenosis with a disc herniation at this level and L5-S1 mild central and mild to moderate bilateral neuroforaminal stenosis and moderate to severe on the right. The disc bulge was contacting the L4-5 nerve root. Objectively, she was documented as having decreased range of motion and decreased sensibility in the left L5-S1 dermatomes. It was noted that treatment included epidural steroid injection, and transient relief medications. Additionally, [REDACTED] medical records reviewed were that of a QME of [REDACTED], [REDACTED]. Treatment for the lumbar spine was noted to have included: physical therapy, chiropractic care, acupuncture, and medications. [REDACTED], [REDACTED], on 11/20/12, performed lower extremity electrodiagnostics, which were interpreted as being normal without evidence of radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4 lumbar microdecompression procedure: 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): 305-306.

Decision rationale: While there is notation of treatment with an epidural steroid injection, it is not clear whether or not this claimant has had epidural steroids as there is reference to transient relief, but there has been no documentation of such procedure having been performed and I believe that this is in reference to the benefits that the injection may provide. In addition, there is no objective radiculopathy such as abnormal motor strength. For these reasons, the decompression surgery at L3-4 on the left is not indicated.

Left L4-L5 lumbar microdecompression procedure: 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): 305-306.

Decision rationale: While there is notation of treatment with an epidural steroid injection, it is not clear whether or not this claimant has had epidural steroids as there is reference to transient relief, but there has been no documentation of such procedure having been performed and I believe that this is in reference to the benefits that the injection may provide. In addition, there is no objective radiculopathy such as abnormal motor strength. For these reasons, the decompression surgery at L4-5 on the left is not indicated.

Left L5-S1 lumbar microdecompression procedure: 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): 305-30+6.

Decision rationale: While there is notation of treatment with an epidural steroid injection, it is not clear whether or not this claimant has had epidural steroids as there is reference to transient relief, but there has been no documentation of such procedure having been performed and I believe that this is in reference to the benefits that the injection may provide. In addition, there is no objective radiculopathy such as abnormal motor strength. For these reasons, the decompression surgery at L5-S1 on the left is not indicated.

Refill medications: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: A refill of medications is being requested; however, the specific medications being requested were not indicated. The medical records do not clearly denote the medications received in the calendar year of 2013. For that reason, I would not be able to not presumptively address any prior medications. The request for refills medications is not medically necessary and appropriate.