

Case Number:	CM13-0051368		
Date Assigned:	12/27/2013	Date of Injury:	07/11/2011
Decision Date:	02/28/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/14/2013

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 Spine 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 is a 56-year-old male with the date of injury of July 11, 2011. He was diagnosed with and range of motion is diminished in the lumbar spine. His diagnoses include lumbar disc degeneration with MRI evidence of 3 mm disc bulges at L3-4 and L4-5. The patient also has neural foraminal stenosis and degenerative changes at L5-S1. The patient complains of chronic low back pain radiating to the bilateral lower extremities. He also has difficulty with physical activity. Physical examination reveals tenderness to palpation of the lumbar musculature with reduced range of motion of the lumbar spine. Straight leg raising test is negative at 90° bilaterally. The patient has 4-5 strength of the left EHL. Reflexes are 2+ and symmetrical at the knees. X-rays of the lumbar spine show mild spurring at L5-S1. There is no evidence of spondylolisthesis. There is disc space narrowing at L3-4 and L5-S1 and to a lesser extent L4-5. MRI scan of September 2013 show scoliosis curvature of lumbar spine. There is a 3 mm disc protrusion at L3-4 but slightly abuts the left L4 nerve root. At L4-5 the 3 mm right foraminal disc protrusion but slightly abuts the right L4 nerve root. At L5-S1 there's a 2 mm right foraminal disc protrusion with slight abutment of the right L5 nerve root. The patient has had conservative treatment to include rest, physical therapy, medications, and epidural steroid injection. At issue is whether lumbar decompressive surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-L4 and L4-L5 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): 305.

Decision rationale: This patient has not meet established criteria for lumbar decompression surgery. Specifically there is not clear correlation between the patient's lumbar imaging studies and the patient's physical examination. The patient does not have specific radiculopathy documented on physical examination that clearly correlates with evidence of significant nerve root compression on the lumbar imaging study. The patient does not have clear radiculopathy with correlation of physical examination and imaging study, and the ACOEM Guidelines' criteria for lumbar decompression surgery are not met. The request for bilateral L3-L4 and L4-L5 decompression is not medically necessary and appropriate.