

Case Number:	CM13-0051714		
Date Assigned:	12/27/2013	Date of Injury:	03/30/2010
Decision Date:	06/23/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/14/2013

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 Surgeon, 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 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 patient is a 59-year-old female with date of injury of March 30, 2000 and. She injured her back to cumulative trauma. She is chronic back pain. She also reports tingling in both legs weakness and constant pain. She is taking muscle relaxants and narcotics. Physical examination reveals flexion posture of the lumbar spine. Neurologic examination reveals intact sensation. MRI lumbar spine reveals L4-5 percent canal stenosis. There is no evidence of nerve root swelling or displacement. At L5-S1 is a central disc extrusion 3 mm. There is tenderness and canal stenosis at this level. Treatment date has included physical therapy, work modification, and medications. At issue is whether L4-5 lumbar decompressive surgeries medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR L4-L5 DECOMPRESSION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM, CHAPTER (LOW BACK COMPLAINTS), 305,306,307

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OTHER MEDICAL TREATMENT GUIDELINE OR MEDICAL EVIDENCE: MTUS PAGE 307

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery. Specifically, there is no correlation between physical exam showing radiculopathy and MRI imaging showing specific compressing of the nerve root. The patient does not have documented significant neurologic deficit. There is no evidence of severe stenosis on MRI imaging. The request for a lumbar L4-L5 decompression is not medically necessary or appropriate.

INPATIENT STAY FOR TWO DAYS: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.