

Case Number:	CM13-0052136		
Date Assigned:	12/27/2013	Date of Injury:	03/21/2013
Decision Date:	03/21/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/15/2013

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:

The patient is a 51-year-old injured worker who reported an injury on 03/21/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with lumbar spinal stenosis. The patient was seen by [REDACTED] on 10/08/2013. The patient reported ongoing pain with radiation to the lower extremity. Physical examination revealed midline tenderness to palpation, painful range of motion, positive straight leg raising, 5/5 motor strength, and decreased sensation in the L3-4 distribution. Treatment recommendations included a lumbar decompression at the L3-4 level with an overnight, up to 1 day hospital stay. The patient's previous MRI of the lumbar spine obtained on 06/24/2013 revealed moderate left and right neural foraminal narrowing at L3-4.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression at L3-L4 with 1 night inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiological evidence of a lesion, and a failure of conservative treatment. As per the documentation submitted, the patient's physical examination revealed 5/5 motor strength throughout. There is no evidence of weakness in either of the lower extremities. There is also no documentation of a previous course of conservative treatment including physical therapy or manual therapy with evidence of a failure to respond. Based on the clinical information received, the patient does not currently meet criteria for the requested surgical procedure. The request for Lumbar decompression at L3-L4 with 1 night inpatient stay is not medically necessary and appropriate.