

Case Number:	CM13-0052717		
Date Assigned:	01/31/2014	Date of Injury:	07/22/1989
Decision Date:	05/23/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/01/2013

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 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 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 claimant is a 69-year-old gentleman who was injured on July 22, 1989 sustaining a low back injury while driving a truck. Recent clinical records for review indicate an October 3, 2013 progress report indicating ongoing right sided low back and right greater than left lower extremity complaints. Examination showed positive straight leg raising with extensor hallucis longus weakness bilaterally, spasm and restricted range of motion. Reviewed at that time was an October 25, 2013 MRI report showing a right paracentral disc protrusion at L3-4 and central and lateral recess narrowing at L4-5 with facet hypertrophy. Recent documentation of conservative care was not noted. There were recommendations of surgical intervention to consist of an L3-4 decompression at this time for further evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AN L3-L4 DECOMPRESSION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: L3-4 level would not be indicated. Current records, while indicating disc protrusion at the L3-4 level, fail to document physical examination findings that would be consistent with the L3-4 level to support the acute need of a surgical process in this individual who is now twenty-four years following time of injury. Guidelines clearly indicate that prompt referral for surgical intervention in cases of select individuals with nerve compromise would be considered. Lack of clear correlation between clinical examination findings and recent imaging in this individual greater than two decades from injury would not be indicated as medically necessary at this time.