

Case Number:	CM13-0053938		
Date Assigned:	12/30/2013	Date of Injury:	01/22/2007
Decision Date:	03/13/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/19/2013

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, has a subspecialty in Spine Surgery and is licensed to practice in New Yor. 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 50-year-old male who complains of back and right leg pain. The patient had laminectomy surgery in October 2010. He continues to have pain in the back and in the legs. He takes muscle relaxants and Vicodin for pain relief. The patient reports that physical therapy has been helpful. On physical examination he has tenderness to palpation of the lumbar spine with a well-healed scar. He has a reduced range of lumbar motion. There is no evidence of weakness in the bilateral lower extremities. His right ankle jerk reflex is absent and his left knee reflex is absent. There is no evidence of sensory or motor radiculopathy. An MRI of the lumbar spine does not document severe spinal stenosis on the official read by the Neuroradiologist. A Lumbar decompression surgery was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

decompression lumbar laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation ODG Low Back.

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

Decision rationale: The California MTUS guidelines states that within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy is detected. There is no documented neurologic deficit or specific radiculopathy on physical examination in the lower extremities. The physical examination does not correlate with the MRI imaging studies documenting severe compression of the nerve root. The official read of the patient's MRI does not confirm severe spinal stenosis. Since there is no correlation between imaging studies in the patient's physical examination, lumbar decompressive surgery criteria are not met. The patient does not have progressive neurologic deficit or any other red flag indicators for spinal decompressive surgery. Therefore, the request is not medically necessary or appropriate.