

Case Number:	CM13-0055622		
Date Assigned:	04/09/2014	Date of Injury:	03/21/2012
Decision Date:	06/11/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Sports Medicine 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:

This is a 46-year-old who was injured in a work related accident on March 21, 2012, injuring his low back while moving a gurney. Previous imaging includes a 10/15/13 MRI report that showed multilevel degenerative spondylosis from the L3 through S1 level. There is no documentation of compressive pathology. Also reviewed was a 10/21/13 electrodiagnostic study that revealed no evidence of lumbar radiculitis. Recent clinical progress report of 10/31/13 indicated continued complaints of low back with radiating leg pain with examination demonstrating 5/5 strength with the exception of 4-/5 strength to the anterior tibialis and extensor hallucis longus on the left. There was diminished sensation in an L4 and L5 dermatomal distribution. Gait was antalgic with equal and symmetrical distal reflexes. Based on failed conservative care, a multilevel hemilaminectomy was recommended from the L3 through S1 level for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 HEMILAMINECTOMY, FORAMINOTOMY: 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: Based on California ACOEM Guidelines, the role of decompressive procedure from the L3 through S1 level would not be supported. CA MTUS states, "Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." At present, the claimant's clinical examination and imaging findings fail to correlate compressive pathology at the requested levels of surgery. The claimant's lumbar MRI scan demonstrates degenerative change, but no indication of neural compressive findings at the L3-4, L4-5, or L5-S1 level. The role of three level procedure would not be supported. The request for L3-S1 Hemilaminectomy, Foraminotomy is not medically necessary.