

Case Number:	CM13-0057567		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2013
Decision Date:	12/24/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/25/2013

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 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 39-year-old male with a date of injury of March 30, 2013. The patient has chronic low back pain. On physical examination there is a normal gait. There is 5/5 normal strength in the bilateral lower extremities. Sensation is normal in the bilateral lower extremities. MRI of the lumbar spine shows mild stenosis at L4-5. The multiple disc bulges. The patient had a lumbar epidural steroid injection in June 2013 and demonstrated good relief. At issue is whether lumbar decompressive surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spinal decompression surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. 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, Chronic Pain Treatment Guidelines . Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery. Specifically the patient's physical examination is documented as being normal. There is no correlation between MRI imaging study showing specific compression of nerve roots and

physical examination showing specific radiculopathy. Also, the medical records do not document that the patient has had a recent trial and failure of physical therapy. Criteria for lumbar decompressive surgery not met. Therefore, Spinal decompression surgery is not medically necessary and appropriate.