

Case Number:	CM13-0057658		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2011
Decision Date:	03/31/2014	UR Denial Date:	11/11/2013
Priority:	Standard	Application Received:	11/25/2013

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 Spine Surgery and is licensed to practice in Texas. 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 71-year-old male who reported an injury on 08/01/2011. The mechanism of injury involved heavy lifting. The patient is diagnosed with lumbosacral neuritis. The patient was seen by [REDACTED] on 11/04/2013. The patient was status post L5-S1 hemilaminectomy and microdiscectomy on 04/19/2013. The patient reported ongoing lower back pain with radiation to the right lower extremity. Physical examination revealed 5/5 motor strength in the bilateral lower extremities with intact sensation. Treatment recommendations included an L5-S1 decompression and fusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L5-S1 Decompression with Fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: 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, progression of lower extremity symptoms, clear clinical,

imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation submitted, the patient does not exhibit neurological deficits upon physical examination. There is also no evidence of documented instability on flexion and extension view radiographs. There has not been any psychological evaluation prior to the requested procedure. Additionally, there is no evidence of exhaustion of conservative treatment. Based on the clinical information received, the request is non-certified.