

Case Number:	CM13-0058804		
Date Assigned:	02/07/2014	Date of Injury:	09/02/2013
Decision Date:	05/23/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/27/2013

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 27-year-old male who injured his back on September 2, 2013. The records provided for review included a report of an MRI of the lumbar spine from September 6, 2013 that showed at the L4-5 level a disc protrusion with impingement upon the exiting left L5 nerve root. The L5-S1 level also had a posterior disc protrusion of 5mm impinging upon the exiting left S1 nerve root. The assessment report dated November 18, 2013 documented ongoing complaints of low back pain with radiating left leg pain. Physical examination findings on that date demonstrated an antalgic left sided gait pattern, equal and symmetrical reflexes, positive bilateral straight leg raising, 5/5 motor strength, and a normal bilateral sensory examination. There were no gross positive neurologic findings. Based on the claimant's imaging findings, surgery for a two level L4-5 and L5-S1 discectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar open decompression at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Based on California ACOEM guidelines, the request for a two level surgical decompression at L4-5 and L5-S1 cannot be recommended as medically necessary. While the claimant has positive imaging findings, the physical examination does not demonstrate any evidence of positive neurologic findings as it is specifically stated to show full motor, sensory and reflexes. In the absence of clinical correlation between the surgical levels to be addressed and the claimant's physical examination findings, the proposed surgery cannot be recommended as medically necessary.

Aspen quick draw: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

2-day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.