

Case Number:	CM13-0065668		
Date Assigned:	01/03/2014	Date of Injury:	07/31/2012
Decision Date:	05/19/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/13/2013

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 Texas and California. 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 injured worker is a 49-year-old female who reported an injury on 07/31/2012. The mechanism of injury was not provided. The current diagnosis is a lumbosacral sprain. The injured worker was evaluated on 10/31/2013. The injured worker reported persistent pain with radiation to the right lower extremity. Prior conservative treatment was not mentioned. Physical examination was not provided. The treatment recommendations included the authorization for a lumbar decompression on the right side at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT OPEN DECOMPRESSION L4-L5: Upheld

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

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

Decision rationale: The California MTUS/ACOEM Practice Guidelines state that a surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations for more than 1 month, extreme progression of lower extremity symptoms and clear clinical, imaging and electrophysiological evidence of a lesion. The Official Disability

Guidelines state that there are 2 common types of spine surgery decompression, including microdiscectomy or open decompression. Prior to a discectomy, there should be clinical evidence of radiculopathy upon physical examination. Conservative treatment should include activity modification, drug therapy and epidural steroid injections. There should also be evidence of a referral to physical therapy, manual therapy or a psychological screening. As per the documentation submitted, there was no physical examination provided for review on the requesting date of 10/31/2013. There were no imaging studies provided for review. There was no mention of an exhaustion of conservative treatment. Based on the aforementioned points, the injured worker does not meet the criteria for the requested procedure. As such, the request is non-certified.

SURGICAL ASSISTANT: 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.

POST OP ASPEN BACK BRACE: 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.