

Case Number:	CM13-0070043		
Date Assigned:	01/15/2014	Date of Injury:	05/31/2013
Decision Date:	06/19/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in 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 45-year-old male who reported an injury on 05/31/2013. The mechanism of injury was not specifically stated. Current diagnoses include lumbosacral strain and rule out herniated disc in the lumbar spine. The latest physician progress report submitted for this review is documented on 11/14/2013. The injured worker reported 5/10 lower back pain. Physical examination revealed limited lumbar range of motion, tenderness to palpation, positive straight leg raising bilaterally, and 5/5 motor strength in bilateral lower extremities. Treatment recommendations included an L4-5 and L5-S1 decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT: DECOMPRESSION SURGERY TO L4-L5 AND L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Decompression, Discectomy/Laminectomy.

Decision rationale: The MTUS/ACOEM Guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for

more than one (1) month, extreme progression of lower extremity symptoms, clear clinical, imaging and electrophysiological evidence of a lesion and a failure of conservative treatment. The Official Disability Guidelines state there are two (2) common types of spine surgery decompression procedures including microdiscectomy or open decompression. Prior to a discectomy/laminectomy, there should be evidence of radiculopathy upon physical examination. The guidelines also indicate that imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be a referral to physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker does demonstrate 5/5 motor strength in bilateral lower extremities. There is no mention of an exhaustion of conservative treatment to include activity modification, drug therapy, epidural steroid injections, physical therapy, and manual therapy. There is also no documentation of a psychological screening. There were also no imaging studies or electrodiagnostic reports submitted for review. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. Based on the clinical information received, the request is not medically necessary.