

Case Number:	CM13-0071884		
Date Assigned:	01/08/2014	Date of Injury:	12/05/2012
Decision Date:	10/13/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/30/2013

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 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:

This is a 51-year-old who sustained an injury to the low back in a work-related accident on 12/5/12. The clinical records provided for review include the report of a lumbar MRI dated 1/28/13 identifying central stenosis and left-sided foraminal narrowing at the L3-4, a left paracentral disc protrusion at L4-5, and a mild disc protrusion at L5-S1 with no neural foraminal narrowing. The electrodiagnostic study from 2013 was reviewed as normal. The progress report dated 11/5/13 for orthopedic consultation noted continued complaints of pain in the low back. Physical examination findings showed gross weakness at 4/5 to the bilateral lower extremities in all muscle groups as well as diminished sensation of the left lateral leg and left lateral foot. The previous MRI scan was reviewed at this visit. The treating provider documented that conservative treatment had failed and he recommended an L3 through S1 lumbar laminectomy and decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY AND DECOMPRESSION L3-S1: 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): 306.

Decision rationale: Based on California ACOEM Guidelines, the request for lumbar laminectomy and decompression at the L3 through S1 levels would not be indicated. ACOEM Guidelines recommend that surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management. The medical records do not provide direct clinical correlation between the three requested levels of surgery and the claimant's physical examination findings. There is no documented imaging showing compressive pathology at all three levels of L3 through S1. There are also normal electrodiagnostic studies. Without clinical correlation of a radicular process at the three requested levels of surgery, the operative procedure would not be supported.