

Case Number:	CM14-0002365		
Date Assigned:	01/24/2014	Date of Injury:	05/21/2012
Decision Date:	06/10/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/07/2014

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, was Fellowship trained in Spine 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:

The patient is a 39-year-old male with a 5/21/12 date of injury. His subjective complaints include pain in the right buttock region which extends into the buttocks and into the upper hamstring, and objective findings include weakness of the left plantarflexion. A 12/16/13 report states that an MRI demonstrates evidence of a disc herniation eccentric to the right; however, the formal imaging report was not available for review. The current diagnosis is right L5 radiculopathy, and treatment to date has been medication, epidural steroid injection, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

SURGERY-SPINAL DECOMPRESSION, RIGHT L4-5 QUANTITY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Decision rationale: The California MTUS/ACOEM Guidelines state that laminotomy may be recommended with documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg

pain for more than one month or extreme progression of lower leg symptoms. The Official Disability Guidelines state that decompression may be recommended with both subjective and objective findings confirmation of radiculopathy, as well as imaging findings that corroborate the same. Within the medical information available for review, there is documentation of diagnoses of right L5 radiculopathy. In addition, there is documentation of pain that confirms the presence of radiculopathy. However, given documentation of weakness of the left plantarflexion and a diagnosis of right L5 radiculopathy, there is no documentation of sensory changes, motor changes, or reflex changes that correlate with symptoms. In addition, there is no documentation of nerve root compression, or moderate or greater central canal, lateral recess, or neural foraminal stenosis in concordance between radicular findings on radiologic evaluation and physical exam findings. As such, the request is not medically necessary.