

Case Number:	CM14-0008598		
Date Assigned:	07/02/2014	Date of Injury:	02/07/2011
Decision Date:	08/07/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/22/2014

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 and is licensed to practice in New York. 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 has a date of injury of February 7, 2011. Patient has chronic back pain. The patient is 52 years old. He injured his back when he slipped and fell. He has been treated conservatively with activity modification, medications, physical therapy and injections. He had an L5-S1 epidural steroid injection. The results of that injection are not clearly documented. On physical examination, the patient has normal motor strength in the bilateral lower extremities and normal straight leg raising test in the bilateral lower extremities. X-rays of the lumbar spine show some narrowing of the disc space at L4-5. Neurodiagnostic studies performed in 2013 and 2011 show evidence of chronic L5 nerve root irritation on the right leg. The patient had multiple MRIs and lumbar spine. MRIs of the lumbar spine show mild narrowing of the neural foramen at L5-S1 and a 4 mm central disc protrusion at L4-5. There is only mild canal stenosis. There is no evidence of severe stenosis on any MRI imaging studies. The patient's symptoms include consistent low back pain radiating to the left leg. At issue is whether lumbar decompressive surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY, DISCECTOMY, NEUROFORAMINOTOMY AT THE L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307-322.

Decision rationale: The patient does not meet establish criteria for lumbar decompressive surgery. Specifically there is no clear correlation between MRI imaging studies and patient's physical examination showing specific compression of the nerve root and radiculopathy on physical examination. In addition this patient's symptoms on the opposite side of the MRI findings. Also, the MRI does not document any evidence of severe neural compression. The patient has normal motor strength in the bilateral lower extremities without evidence of significant radiculopathy. Criteria for two-level lumbar decompressive surgery has not been met. Lumbar decompressive surgery is not medically necessary.