

Case Number:	CM14-0009781		
Date Assigned:	02/21/2014	Date of Injury:	09/09/2013
Decision Date:	12/17/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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 Orthopedics 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 is a 51-year-old with the date of injury of September 9, 2013. The patient has chronic back and right leg pain. On physical examination there is pain in the cervical and lumbar spine. Patient has tenderness of the lumbar spine. Range of motion of the low back is limited. On motor exam the patient has normal motor function the bilateral lower extremities in all muscle groups. Reflexes are normal in all 4 extremities. MRI lumbar spine from November 2013 shows small disc protrusion at L4-5. There is mild degenerative disc condition at L4-5. There is a disc protrusion at L5-S1. X-rays show degenerative disc condition. The patient has had physical therapy and medications he continues to have pain. At issue is whether lumbar laminectomy 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 Right L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (Updated 12/27/13), Discectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: Per MTUS, the patient does not meet establish criteria for lumbar laminectomy surgery. Specifically, there is no clear correlation between MRI imaging studies and physical exam showing specific radiculopathy and specific compression of nerve roots. In addition, there are no red flag indicators for spinal fusion surgery such as fracture, tumor, or instability. There is no documentation of a progressive neurologic deficit. Decompressive surgery of the lumbar spine is not medically necessary due to criteria not being met.