

Case Number:	CM14-0104236		
Date Assigned:	07/30/2014	Date of Injury:	01/17/2013
Decision Date:	08/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 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 57-year-old male who reported an injury on 01/17/2013. The mechanism of injury involved cumulative type trauma. Current diagnoses include low back pain and lumbar radiculopathy. He was evaluated on 02/06/2014 with complaints of 8/10 low back pain with radiation in the bilateral lower extremities. It is noted he has not been previously treated with physical therapy, injections, or chiropractic treatment. The injured worker reportedly underwent an electromyography (EMG) study of the bilateral lower extremities that indicated radiculopathy at L4 and L5. The current medication regimen includes ibuprofen. Physical examination revealed normal motor strength, intact sensation, normal deep tendon reflexes, and negative straight leg raising. Treatment recommendations at that time included an MRI of the lumbar spine and an epidural steroid injection. It is noted that the injured worker underwent an MRI of the lumbar spine on 02/25/2014, which indicated severe central canal stenosis and foraminal stenosis at L4-5, and disc desiccation at L5-S1 with moderate central canal stenosis and severe foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-S1 decompression: 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): 305-306.

Decision rationale: According to the California MTUS/ACOEM Practice Guidelines, a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. As per the documentation submitted, the injured worker does not demonstrate a significant musculoskeletal or neurological deficit upon physical examination. There is also no evidence of an attempt at conservative treatment prior to the request for a surgical procedure. As such, the request for left L4-S1 decompression is not medically necessary.

23 hour hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the surgical procedure is not medically necessary, the 23 hour hospital stay is also not medically necessary.