

Case Number:	CM14-0010697		
Date Assigned:	02/21/2014	Date of Injury:	10/01/2011
Decision Date:	07/16/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/27/2014

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 Mississippi. 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 42-year-old male who was injured on October 1, 2011. The original injury is documented as occurring when the claimant was kneeling and twisting. An electromyogram (EMG) was performed on January 18, 2012, which demonstrated mild chronic left L5 radiculopathy. Previous conservative measures include physical therapy, MRI, electromyogram (EMG) injections, and medications. The physical examination does document weakness in the L5 myotome and complaints include radiculopathy. A lumbar epidural steroid injection documented as having been performed on July 22, 2013. The utilization review in question was rendered on December 23, 2013. The reviewer non-certified the request for a lumbar laminotomy and foraminotomy at L5 on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE (1) LUMBAR LAMINOTOMY AT THE LEFT L5 FORAMEN: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 16th edition (2011 web), Low Back Section, Discectomy/Laminectomy.

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

Decision rationale: The MTUS/ACOEM Guidelines support the use of decompression surgery (laminotomy, discectomy, laminectomy) for the management of chronic spinal stenosis. A single clinical documentation provided, the claimant has imaging findings and electrodiagnostic studies consistent with chronic L5 nerve root compression on the left. Conservative care has not alleviated the claimant's pain. As such, the request is considered medically necessary.

ONE (1) LUMBAR FORAMINOTOMY AT THE LEFT L5 FORAMEN: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines, Contents, Treatment Guidelines, 16th edition (2011 web), Low Back Section, Discectomy/Laminectomy.

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

Decision rationale: The MTUS/ACOEM Guidelines support the use of decompression surgery (laminotomy, discectomy, laminectomy) for the management of chronic spinal stenosis. A single clinical documentation provided, the claimant has imaging findings and electrodiagnostic studies consistent with chronic L5 nerve root compression on the left. Conservative care has not alleviated the claimant's pain. As such, the request is considered medically necessary.