

Case Number:	CM14-0114001		
Date Assigned:	08/01/2014	Date of Injury:	03/20/2012
Decision Date:	11/14/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/21/2014

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:

54 year old female claimant with an industrial injury dated 03/20/12. Exam note 04/07/14 states the patient returns with chronic low back pain and bilateral hip pain. Conservative treatments have included physical therapy, epidural blocks, chiropractic treatment, acupuncture, and medications. Upon physical exam the patient experienced spasms, there was no radiculopathy, and she had positive hamstring tightness. Current medications include Oxycodone, Zolpidem Tartrate, and Diclofenac. Diagnosis is noted as lumbar facet syndrome, lumbar radiculopathy, chronic low back pain, cervicothoracic spine pain, lumbago, lumbar disc disease, bilateral sciatica, and bilateral hip pain. Treatment includes chiropractic treatments. No MRI report of attempt at conservative care is documented in the 79 pages of records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Hemilaminotomy, Decompression of Lateral Recess at L4-5 and Insertion of Corflex Device which will unload Facet Joints, Restabilize L4-5 and Allow Decompression at the same time: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Indications For Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/laminectomy

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition there is no formal report of the claimant's MRI in the records. Therefore the guideline criteria have not been met and the request is not medically necessary.