

Case Number:	CM14-0114551		
Date Assigned:	08/04/2014	Date of Injury:	07/24/2009
Decision Date:	09/22/2014	UR Denial Date:	06/16/2014
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 Surgeon and is licensed to practice in Texas. 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 51-year-old male who reported an injury on 07/24/2009. The mechanism of injury involved heavy lifting. Current diagnoses include lumbar degenerative changes, possible left lumbar facet pain, and left lumbosacral radicular pain. The latest Physician's Progress Report submitted for this review is documented on 07/01/2014. The injured worker presented with complaints of constant lower back pain with radiation into the left lower extremity. Previous conservative treatment is noted to include physical therapy, chiropractic therapy, acupuncture, medication management, and lumbar epidural steroid injections. The injured worker has also utilized a home exercise kit, home hot/cold packs, and a home interferential unit. The current medication regimen includes BuSpar 15 mg, Prilosec 20 mg, and Vicodin ES 7.5/300 mg. The injured worker also utilized a back brace and a walking cane. Physical examination on that date revealed a left-sided limping and guarded gait, midline tenderness extending from L4-S1, left lumbar facet tenderness at L4-S1, left sacroiliac joint tenderness, painful range of motion of the thoracic and lumbar spine, diminished sensation in the left L5-S1 nerve root distribution, and mild weakness of the left lower extremity. Treatment recommendations at that time included continuation of the current medication regimen. There was no Request for Authorization Form submitted for this review. There were no imagine studies provided for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminotomy, Posterior Microdiscectomy, Foraminotomy and decompression L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: California MTUS/ACOEM Practice Guidelines state 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. While it is noted that the injured worker has exhausted conservative treatment, there were no imaging studies provided for this review. Therefore, the current request cannot be determined as medically appropriate at this time.