

Case Number:	CM14-0116351		
Date Assigned:	08/04/2014	Date of Injury:	07/20/2009
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/23/2014

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 Orthopedic Surgery, and is licensed to practice in Pennsylvania. 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 61 year-old gentleman who injured his low back in a work related accident on 07/20/2009. Records provided for review document that the claimant is status post lumbar interbody fusion at L5-S1 in November of 2010. The report of the 10/20/2011 MRI showed at the L5-S1 level mild bilateral foraminal narrowing with evidence of a solid fusion. The electrodiagnostic studies from November 2011 showed no signs of acute lumbar radiculopathy. The physician report from 04/25/2014 described ongoing low back complaints with radiating pain down the left leg and difficulty ambulating. Physical examination revealed restricted lumbar range of motion and the neurologic examination was noted to be "intact." Based on continued complaints, the recommendation was made for a foraminotomy at the left L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 foraminotomy: 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): 306.

Decision rationale: The ACOEM guidelines indicate that surgical decompressive procedures are recommended for "carefully selective individuals with nerve root compromise due to lumbar disc prolapse" that would provide faster relief from acute attack than conservative management. Unfortunately, in this case there is no documentation of acute compressive pathology at the L5-S1 level on imaging, electrodiagnostic studies or physical examination to support the acute role of surgical intervention. Based on MTUS ACOEM guidelines, this request for left L5-S1 foraminotomy is not medically necessary.