

Case Number:	CM14-0122677		
Date Assigned:	08/06/2014	Date of Injury:	11/21/2013
Decision Date:	09/11/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient is a 40-year-old male with a date of injury November 21, 2013. The patient has chronic low back pain and pain in the right leg. Physical exam revealed decreased sensation in the right foot. MRI shows L5-S1 3 mm disc protrusion. There is some encroachment on the right S1 nerve root. Patient's had medications, physical therapy and epidural steroid injections. At issue is whether L5-S1 lumbar laminectomy and fusion medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 LUMBAR LAMINECTOMY , FUSION, LUMBAR MICROSCOPE, DR. GERALD SALINE ASSISTANT SURGEON & INTRAOPERATIVE MONITORING: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-.

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

Decision rationale: This patient does not meet establish criteria for lumbar surgery. Specifically there is no evidence of radiculopathy on physical examination. Is also no evidence of lumbar instability radiographically. The patient is no red flag indicators for spinal fusion surgery such as fracture, tumor, or progressive neurologic deficit. Lumbar fusion surgery not medically necessary. Lumbar decompressive surgery not medically necessary. There is no correlation

between the patient's imaging studies and exam showing specific radiculopathy. The patient's exam shows decreased sensation in the medial right foot this is consistent with L4 sensory changes. There is no documentation of specific L5 or S1 radiculopathy with severe neural compression on MRI. Both decompression fusion surgery not needed.