

Case Number:	CM14-0127636		
Date Assigned:	08/15/2014	Date of Injury:	05/25/2013
Decision Date:	09/11/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/11/2014

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 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 39-year-old male with a date of injury of May 25th 2013. He was moving heavy furniture injured his low back. He continues to have pain. Is no documentation of physical therapy. The patient takes Naprosyn. On physical examination is decreased range of motion of the back. He has diminished right sensation with motor strength 3/5 and a right foot drop. He has an antalgic gait he walks with a cane. The medical records indicate that the patient has had a right leg foot drop and sensory loss for over a year. MRI lumbar spine from 7 May 2014 shows disc protrusion at L2-3 with severe canal narrowing. There also disc bulges at L1 to and L4-5 and L5-S1. Canal was narrowing. There also disc bulges at L1-2 and L4-5 with spinal stenosis at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery- Spinal Lumbar Right Microscopic Laminectomy, Discectomy @ L2-3, Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back chapter, ODG low back chapter.

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery at this time. Specifically, there is no clear correlation between physical exam findings and MRI imaging. The MRI shows L2-3 severe stenosis. Patient has had chronic right foot drop for over a year. In addition, there is no documentation of a recent trial and failure of conservative measures to include physical therapy. There is no documentation that the patient has exhausted conservative measures. Established criteria for Surgery Spinal Lumbar Right Microscopic Laminectomy, Discectomy at L2-3, Lumbar Spine is not medically necessary.

Pre-Op Medical Clearance with Labs and EKG: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then Pre-Op Medical Clearance with Labs and EKG is not medically necessary.

Physical Therapy-Post-Op Post-Op Physical Therapy 3x 4 Lumbar Spines: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then Physical Therapy-Post-Op Post-Op Physical Therapy 3x 4 Lumbar Spines is not medically necessary.