

Case Number:	CM14-0167830		
Date Assigned:	10/15/2014	Date of Injury:	03/05/2008
Decision Date:	12/02/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/13/2014

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 has a date of injury of March 5, 2008. The patient has chronic low back pain. The patient has had physical therapy and still has chronic pain. The patient had a home exercise program. On physical examination is positive left straight leg raising. There is numbness in the left leg. There is tenderness palpation of the left lumbar joints. The patient is diagnosed with chronic low back pain and radiculopathy. At issue is whether surgical treatment and repeat lumbar epidural steroid injection are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 Microscopic Lumbar Discectomy.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: This patient does not meet establish criteria for lumbar surgery. Specifically there is no documentation of radiculopathy on physical examination. There is no documentation of significant neurologic deficit in the bilateral lower extremities. There is no documentation of adequate conservative measures of treatment of chronic low back pain.

Repeat L4-L5 Lumbar epidural steroid injection.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

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

Decision rationale: The patient does not meet establish criteria for lumbar epidural steroid injection. There is no documentation of specific radiculopathy. Is no documentation of physical exam findings that correlate with MRI imaging studies. Criteria for lumbar epidural steroid injection are not met. The patient does not have documented radiculopathy with MRI imaging study showing specific compression of the nerve root.