

Case Number:	CM14-0020683		
Date Assigned:	04/30/2014	Date of Injury:	04/22/2012
Decision Date:	07/08/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/19/2014

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 California. 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 claimant is a 43-year-old female who sustained an injury to her low back in a work related accident on April 22, 2012. The records provided for review included a January 23, 2014 progress report noting ongoing low back pain with spasm and bilateral leg pain. The report documented that the claimant had been treated four days earlier for an acute exacerbation of low back pain in the emergency room setting. Treatment for the exacerbation included medication management and that the claimant had been bedridden for the past four days. Examination showed exquisite tenderness to palpation, restricted range of motion and use of a walker. There was no objective sensory or motor deficit documented. An MRI of the lumbar spine was recommended. The report of the February 4, 2014 MRI revealed a disc protrusion at L4-5 resulting in lateral recess narrowing and mild bilateral foraminal narrowing. The follow-up clinical visit of April 24, 2014 documented continued complaints of pain. The recommendation was made for a lumbar laminectomy and discectomy at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY, DISCECTOMY L4-L5: 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: Based on California ACOEM Guidelines, the request for lumbar laminectomy and discectomy at L4-5 cannot be recommended as medically necessary. The recent MRI report identifies a disc bulge at the L4-5 level. Physical examination does not include documentation of any findings that would indicate a radicular process. There is also no documentation of conservative treatment other than medication management provided for the claimant's current symptoms. The lack of conservative treatment for the exacerbation of symptoms and no documentation of physical examination findings supportive of a radicular process would fail to support the necessity of the proposed surgery. The request is not medically necessary or appropriate.