

Case Number:	CM14-0026748		
Date Assigned:	06/13/2014	Date of Injury:	04/05/2013
Decision Date:	07/16/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/03/2014

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 Texas. 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 53-year-old who sustained an injury to his low back on April 5, 2013. On the date of injury he is reported to have fallen backwards while cleaning a van. The records indicate that the injured worker has been treated with oral medications, physical therapy, and LESI on December 16, 2013 without relief. The injured worker is status post an ALIF at L5/S1 (non-industrial). Imaging studies reflect multilevel spondylosis. MRI dated December 3, 2013 notes that at L4/5 there is a 3mm left posterolateral disc protrusion which results in mild to moderate left neuroforaminal narrowing. Physical examinations dated April 14 and May 28, 2014 are grossly normal. There is no evidence of an active lower extremity radiculopathy. The records contain a utilization review determination dated February 24, 2014. A request for a left L4/5 laminectomy was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

(L) LAMINECTOMY L4-L5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy - Laminectomy.

Decision rationale: The injured worker is a 53-year-old who has a history of a non-industrial ALIF at L5/S1. The injured worker has complaints of low back pain radiating into the left buttocks. The injured worker has not responded to conservative management. Imaging studies indicate neuroforaminal stenosis on the left at L4//5. Serial examinations dated April 14 and May 28, 2014 show no evidence of radiculopathy. Motor, sensation, and reflexes are intact. In the absence of correlation between imaging and examination the requested surgery is not supported as medically necessary under American College of Occupational and Environmental Medicine Guidelines. The request for a laminectomy at L4-L5 is not medically necessary or appropriate.

PRE-OP CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Medical Clearance.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.