

Case Number:	CM14-0029137		
Date Assigned:	06/16/2014	Date of Injury:	06/21/2011
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/07/2014

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 48-year-old male with pain in his left leg. He's had problems since 2011. He's had physical therapy injections and medications. Physical examination shows she weighs over 200 pounds and has a limited range of back motion. Straight leg raising test is positive on the left. There is decreased motor strength in the left dorsiflexors of the foot and ankle. Deep tendon reflexes are normal. MRI shows left paracentral disc herniation at L4-5 with left neural foraminal narrowing and stenosis. EMG shows mild left L5 radicular pattern. At issue is whether laminectomy surgery is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5 MICROLUMBAR DISCECTOMY: 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): 307-310.

Decision rationale: The patient does not meet established criteria for lumbar laminectomy surgery at this time. Specifically, there is no clear correlation between MRI imaging studies and specific radiculopathy on physical examination. In addition the medical records do not

document a recent trial and failure of adequate conservative measures to include physical therapy and epidural steroid injections. The patient has shown improvement in strength with respect repeated muscle examinations in the medical records. Criteria for lumbar laminectomy surgery are not met at this time. Therefore the request is not medically necessary and appropriate.