

Case Number:	CM14-0037997		
Date Assigned:	06/25/2014	Date of Injury:	08/23/2007
Decision Date:	07/23/2014	UR Denial Date:	03/10/2014
Priority:	Standard	Application Received:	04/01/2014

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 56-year-old gentleman who sustained an injury to his back in a work related accident on August 23, 2007. The records provided for review include the report of an MRI (magnetic resonance imaging) of the lumbar spine dated January 3, 2014, which identifies posterolateral disc protrusions at L4-5 and L5-S1 with neuroforaminal narrowing. The January 14, 2014 follow-up assessment noted continued complaints of back pain with radiating left lower extremity complaints. The report documents that the claimant has failed conservative care. Physical examination showed restricted range of motion, diminished sensation in a right L5 and S1 dermatomal distribution, and 5-/5 strength of the left quadriceps, ankle, dorsiflexors, and extensor hallucis longus (EHL). The recommendation was made for lumbar decompression at the L4-5 and L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSPEDICULAR DISC DECOMPRESSION L4-L5 AND L5-S1: Upheld

Claims Administrator 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 Procedure summary.

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

Decision rationale: Based on the California ACOEM Guidelines, the request for transpedicular disc decompression at L4-5 and L5-S1 cannot be recommended. The medical records identify a lack of clinical correlation between the claimant's physical examination findings and imaging studies. The claimant's imaging demonstrated stable findings at the L5-S1 level with no documentation of acute neural compressive pathology. Without demonstration of acute neurologic compressive findings, the acute need of the two level procedures would not be supported as medically necessary. As such, the request is not certified.