

Case Number:	CM14-0053522		
Date Assigned:	07/07/2014	Date of Injury:	05/11/2012
Decision Date:	08/29/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 45-year-old male was reportedly injured on May 11, 2012. The mechanism of injury was noted as a motor vehicle accident. The most recent progress note, dated March 21, 2014, indicated that there were ongoing complaints of low back pain radiating to the lower extremities. Current medications include hydrocodone, ibuprofen, trazodone, topiramate, baclofen, Cymbalta, omeprazole, and nortriptyline. The physical examination demonstrated tenderness along the lumbar spine paraspinal muscles and decreased sensation in the left leg. Diagnostic imaging studies of the lumbar spine showed a 1 mm spondylolisthesis of L3 on L4, decreased disc height at T10-T11, T11-T12, and L5-S1. A flexion/extension MRI was reported to indicate compression of the exiting L5 nerve roots. Previous treatment included physical therapy, acupuncture, behavioral modification, lumbar spine epidural steroid injections and chiropractic care. A request had been made for an L3-L4 and L4-L5 decompression and was not certified in the pre-authorization process on April 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 L3-L4 AND L4-L5 DECOMPRESSION: 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.

Decision rationale: The American College of Occupational and Environmental Medicine Practice guidelines support the use of a decompression procedure such as a lumbar laminectomy/discectomy for the treatment of sub-acute and chronic radiculopathy due to ongoing nerve root compression and for those patients who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. The most recent progress note, dated March 21, 2014, recommended a decompression; however, there were no abnormal neurological findings noted on physical examination. For this reason, this request for an L3-L4 and L4-L5 decompression is not medically necessary.