MAXIMUS Federal Services

Case Number:	CM14-0059893		
Date Assigned:	07/09/2014	Date of Injury:	05/02/2013
Decision Date:	08/07/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/19/2014

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 Spine 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 37-year-old male with a date of injury of May 2, 2013. He is diagnosed with lumbar radiculopathy. The patient has an MRI from January 2014 that showed disc degeneration at L4-5 and L5-S1 with loss of disc height at L5-S1. At L4-5 there is bilateral neuroforaminal narrowing. At L5-S1 there is a disc protrusion a 5.9 mm. Physical examination shows tenderness palpation lumbar spine with reduced range of motion. The patient has diminished sensation over the bilateral S1 dermatomes. The patient has a positive straight leg raise bilaterally.The patient has failed conservative measures with anti-inflammatory medications and physical therapy for almost a year. At issue is whether lumbar decompressive surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

One L4-S1 decompression and fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-Chapter Low Back Indications for Surgery Discectomy/laminectomy, Fusion, spinal.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request does not meet criteria for two-level lumbar decompression. Specifically, the patient official reports the MRI from 2014 only in the thighs mild spinal stenosis at L5-S1. The MRI report states that the S1 nerve roots are visualized bilaterally and the L5 nerve roots are intact. The MRI does not document any evidence of severe spinal stenosis. There is no clear correlation between the patient's physical examination and MRI findings in this case. Criteria for lumbar decompressive surgery have not been met. Therefore, the request is not medically necessary.

Three (3) days of in-patient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Hospital length of stay (LOS) guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.