

Case Number:	CM14-0073420		
Date Assigned:	07/16/2014	Date of Injury:	10/29/2013
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/20/2014

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 Neurological 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 injured worker is a 57-year-old male who was reportedly injured on October 29, 2013. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated April 25, 2014, indicated that there were ongoing complaints of low back pain that radiated to the right hip and left lower extremity. Pain was stated to be a 1/10. Current medication include Tylenol. The physical examination demonstrated decreased lumbar spine range of motion and a positive bilateral straight leg raise test, worse on the left side. There was numbness over the L5 nerve root distribution of both lower extremities. Diagnostic imaging studies reported severe L4-L5 stenosis with a disc extrusion and multilevel foraminal stenosis. Previous treatment included muscle relaxants, rest and the use of a cane. A request had been made for decompression of L5-S1 and was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression of L3-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 - Lumbar and thoracic, discectomy/laminectomy, updated July 3, 2014.

Decision rationale: According to the most recent progress note dated April 25, 2014, the injured employee has complaints of symptoms in the left lower extremity. The physical examination noted decreased sensation at the L5 nerve distribution of both lower extremities and a magnetic resonance image of the lumbar spine did not show any potential nerve root involvement for either lower extremity and certainly not from the level of L3 through S1. The Official Disability Guidelines specifically state that there must be corroboration between symptoms, physical examination, and objective studies to proceed with the decompression surgery. Therefore, this request for decompression from L3 through S1 is not medically necessary.