

Case Number:	CM14-0074609		
Date Assigned:	07/16/2014	Date of Injury:	09/19/2011
Decision Date:	10/07/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/22/2014

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 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 patient is a 54-year-old female with chronic low back and left leg pain. The patient has a date of injury of September 19, 2011. She has tried multiple conservative modalities to include chiropractic manipulation, physical therapy, legible stimulation, medications and 3 epidural steroid injections. She continues to have chronic low back pain. Physical examination shows reduced range of lumbar motion. There is tenderness to palpation of the left sciatic notch. Straight leg raising is positive on the left. Motor and deep tendon reflexes are normal. There is decreased sensation in the left lateral calf. EMG from 2013 shows mild left L5 radiculopathy. MRI from 2013 shows disc bulges at L3-4 and L4-5 and L5-S1. At issue is whether surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive Laminectomy, Facetomy with Posterior Lumbar at L3-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation low back chapter, ODG low back chapter

Decision rationale: This patient does not meet establish criteria for decompressive surgery. Specifically there is no clear correlation between physical examination imaging studies showing specific radiculopathy correlated with compression on imaging studies of nerve roots. In addition, there is no progressive neurologic deficit. There are no red flag indicators for spinal decompressive surgery such as tumor fracture or progressive neurologic deficit. Criteria for lumbar decompressive surgery were not met. Therefore, this request is not medically necessary.