

Case Number:	CM14-0076398		
Date Assigned:	07/18/2014	Date of Injury:	04/22/2013
Decision Date:	09/22/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	05/27/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

4/1/14 EMG study indicates no evidence of acute or chronic lumbar radiculopathy. 6/27/13 MRI of lumbar spine notes mild to moderate DJD of the lumbar spine and facet joint disease. There is moderate left neuroforaminal stenosis at L5-S1. There is mild bilateral lateral recess stenosis at L4-5 with contact of bilateral L5 nerve roots. 12/23/13 note indicates pain in the lumbar spine. Examination noted reduced range of motion. There was negative straight leg raise bilateral. Reflexes were intact. There was no weakness. Diagnosis was noted as lumbar strain with spasm and lumbar spine spondylosis. 4/4/14 note indicates persistent lumbar pain. Examination notes the insured locomotes independently. The assessment was multilevel lumbar disc herniations with discogenic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-S1 lumbar laminectomies, medial facetectomies; possible discectomies/fusion and instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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,

laminectomy Other Medical Treatment Guideline or Medical Evidence:Recommended for lumbar spinal stenosis.

Decision rationale: The medical records provided for review do not support the presence of spine instability or demonstrate persistent neurologic deficits by examination. Electrodiagnostic evaluation does not support any nerve impairment and there is no corroboration by imaging of spinal canal stenosis, nerve impingement or spinal cord impingement. ODG (Official Disability Guidelines) guidelines do not support the noted surgery in the absence of such findings. Bilateral L3-S1 lumbar laminectomies, medial facetectomies; possible discectomies/fusion and instrumentation are not medically necessary.