

Case Number:	CM14-0093058		
Date Assigned:	07/25/2014	Date of Injury:	11/28/2011
Decision Date:	09/29/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	06/19/2014

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 Surgery, has a subspecialty in Orthopedic Sports Medicine and is licensed to practice in Maryland. 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 56 year old male who reported an injury to his low back following an incident with a why, when he slipped and fell in a walk-in cooler while carrying several boxes. The utilization review dated 06/11/14 resulted in a denial as no imaging studies or proof of completion of conservative treatment was submitted. A clinical note dated 05/14/14 indicated the injured worker continuing complaints of low back pain. The injured worker utilized TENS unit for home therapy. The injured worker underwent three month course of physical therapy addressing low back complaints. The injured worker was identified as having complaints of constant pain in the upper and low back. The injured worker also reported numbness and tingling in the lower extremities to the feet. The injured worker utilized a lumbar support. Upon exam, spasms and tenderness were identified over the paravertebral musculature. Strength was 4/5 at left knees in L4 and L5 distributions. The MRI of the lumbar spine in 02/12 revealed mild disc height loss at L3-4. Disc height loss was moderate at L5-S1. A clinical note dated 07/09/14 indicated the injured worker being recommended for right sided L3-4 and L5-S1 lumbar microdecompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar micro-decompression of right L3-4 and right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9 th Edition (web), 2011.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The injured worker complained of ongoing low back pain with associated strength deficits in the lower extremities. A decompression is indicated in the lumbar spine provided that the injured worker meets specific criteria, including imaging studies confirming pathology and completion of all conservative treatment. No information was submitted regarding injection therapy. No imaging studies were submitted confirming L3-4 and L5-S1 involvement. Given this, the request is not indicated as medically necessary.

Postoperative physical therapy, QTY: 24 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 22.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.