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| Case Number: | CM13-0037204 | | |
| Date Assigned: | 12/18/2013 | Date of Injury: | 12/08/2011 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 08/30/2013 |
| Priority: | Standard | Application Received: | 09/26/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 45 year-old male, who was injured on December 8, 2011, while performing regular work duties. The mechanism of injury is not noted within the records provided for this review. On May 9, 2013, the injured worker was seen by [REDACTED], for complaints of low back pain rated 8 out of 10 on a pain scale. The injured worker did not complain of radiating pain, numbness or tingling. [REDACTED] objective findings for the injured worker were a decrease in lumbar spine range of motion, tenderness to the lumbar region. [REDACTED] indicates a magnetic resonance imaging shows severe discogenic changes. The date and report of this magnetic resonance imaging is not provided. On June 3, 2013, the injured worker was evaluated by [REDACTED], where it was discussed that the injured worker "had not had much conservative care" and a recommendation for physical therapy and a home exercise program was made. On July 17, 2013, a primary physician's report from [REDACTED], indicates the injured worker complains of low back pain, stiffness, numbness and tingling with radiation to both legs and feet. [REDACTED] objective findings are a decreased painful range of motion, and tenderness of the lumbar spine. The records indicate the injured worker has received treatment including medications, chiropractic treatment, physical therapy, and a home exercise program. The Utilization Review indicates an evaluation on August 19, 2013, indicates the injured worker's diabetes was out of control, had complaints of low back pain and numb toes. The physical findings on that date were reported as tenderness over the lumbar spine paraspinous muscles. The request for authorization is for lumbar decompression, L4-S1. The primary

diagnosis is disc herniation. On August 30, 2013, Utilization Review non-certified the request for lumbar decompression, L4-S1, based on MTUS, ACOEM, and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DECOMPRESSION L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306.

Decision rationale: The injured worker is a 45-year-old male with a date of injury of 12/8/2011. The mechanism of injury is not documented. There is a history of low back pain with some radiation to both legs. The injured worker is diabetic and has numbness in his toes. On examination tenderness is reported in the lumbar area. The diagnosis was L4-5 disc herniation, bilateral foraminal stenosis, and marked discogenic changes. No MRI report or electrodiagnostic studies were submitted. A request for lumbar decompression L4-S1 was noncertified by utilization review on 8/29/2013. The medical records provided for review failed to document subjective complaints of a radicular dermatomal pain nor objective neurological findings nor an MRI report documenting findings that would support the requested L4-S1 lumbar decompression within ACOEM recommendations. The denial was appealed to an independent medical review. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The submitted documentation does not include detailed clinical findings, electrodiagnostic studies or imaging studies documenting the need for surgical decompression. As such, the request for surgical decompression at L4-S1 is not supported, and the medical necessity is not established.