

Case Number:	CM14-0130514		
Date Assigned:	09/16/2014	Date of Injury:	07/10/2013
Decision Date:	04/06/2015	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	08/15/2014

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. 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: New York, New Hampshire, Washington
 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 52 year old female with an industrial injury dated 07/10/2013 as the result of a fall with loss of consciousness which resulted in injury to the cervical spine, low back, right shoulder/arm and bilateral knees. Her diagnoses include lumbar spine disc protrusion, and impingement syndrome of the right shoulder. No recent diagnostic testing was submitted or discussed. Previous treatments have included conservative care, medications and physical therapy. In a progress note dated 07/24/2014, the treating physician reports pain in the low back and the neck. The objective examination revealed tenderness to palpation of the lumbar spine disc, positive straight leg raises on the right and positive impingement test in the right shoulder. The treating physician is requesting disc decompression at L2-L3, L3-L4, and L5-S1 which was denied by the utilization review. On 08/08/2014, Utilization Review non-certified a request for disc decompression at L2-L3, L3-L4, and L5-S1, noting the absence of signs of radiculopathy or severe lower extremity symptoms, and negative straight leg raises. The ACOEM Guidelines were cited. On 08/15/2014, the injured worker submitted an application for IMR for review of disc decompression at L2-L3, L3-L4, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disc Decompression L2-L3, L3-L4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: MTUS guidelines for decompression not met. There is no clear correlation between mri imaging studies and physical exam showing specific radiculopathy. Multilevel disc decompression surgery is no indicated. There is no documentation of significant neurologic deficits and positive straight leg raise tests on exam.