MAXIMUS Federal Services

Case Number:	CM14-0183825		
Date Assigned:	11/25/2014	Date of Injury:	08/05/2014
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/04/2014

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 New York. 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 29-year-old with the date of injury of August of 2014. The patient has chronic low back pain. The patient has had 6 physical therapy sessions. The patient is also been treated with activity modification and NSAID medication. Patient continues to have pain. MRI of the lumbar spine shows L4-5 disc protrusion with annular tear. There is some compression of the right L5 nerve root. Physical examination shows tenderness to palpation lumbar spine and reduced range of motion lumbar spine. Motor strength is normal. Sensation is diminished along the right calf. Straight leg rising is positive. At issue is whether lumbar decompressive surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 microdecompression: Upheld

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

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

Decision rationale: There is not adequate documentation of significant trial and failure of conservative measures. Only 6 physical therapy sessions were tried. The patient should have at

least 6-12 weeks of physical therapy. In addition, The medical records do not document clear correlation between MRI imaging studies and physical examination. The physical examination does not document specific motor radiculopathy that is confirmed with specific compression of the nerve roots on imaging studies. Criteria for lumbar laminectomy surgery not met. There were no red flag indicators for spinal decompressive surgery such as fracture, tumor, and progressive motor deficit neurologically. Therefore, microdecompression is not medically necessary.

Assistant surgeon for lumbar microdisectomy: Upheld

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

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Intraoperative monitoring for lumbar microdisectomy: Upheld

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

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.