

Case Number:	CM14-0186625		
Date Assigned:	11/14/2014	Date of Injury:	11/01/2011
Decision Date:	01/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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 has a date of injury of January 1, 2011. Patient has chronic low back pain. X-ray lumbar spine shows degenerative changes at L5-S1. MRI lumbar spine shows postoperative changes at L5-S1. There is granulation tissue present. The patient has had epidural steroid injections. On physical examination patient is tenderness to the lumbar spine. Is reduced range of motion lumbar spine? Left ankle reflexes 1+. Other neurologic findings are normal. Additional lumbar MRI shows disc protrusion at L4-5 with annular tear. At issue is whether lumbar surgery for decompression at L4-5 is 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 MIS Foraminotomy, Discectomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG low back pain chapter, MTUS low back pain chapter

Decision rationale: This patient does not meet criteria for lumbar decompressive surgery. Specifically the medical records do not document clear correlation between MRI imaging studies

showing compression of nerve roots and physical examination showing specific radiculopathy on exam. There were no red flag indicators for spinal decompressive surgery such as fracture or tumor. Surgeries were not medically necessary. Also, MIS surgery remains investigational at this time for lumbar degenerative disorders. The Right L4-L5 MIS Foraminotomy Discectomy is not medically necessary.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

Back Brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: ODG back pain chapter

Decision rationale: ODG guidelines do not recommend lumbar bracing for degenerative low back pain without instability. Therefore, Back Brace is not medically necessary

Pre-Operative Clearance Jobs (LABS, EKG and Chest X-Ray): Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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