

Case Number:	CM14-0188852		
Date Assigned:	11/19/2014	Date of Injury:	10/22/2014
Decision Date:	02/03/2015	UR Denial Date:	11/03/2014
Priority:	Standard	Application Received:	11/12/2014

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 Spine 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 47-year-old female with date of injury of October 22, 2014. The patient has chronic back pain. She also has pain in her left leg. Physical exam shows decreased sensation in the left foot. Muscle strength is 4/5 in the EHL and dorsiflexion. MRI the lumbar spine was performed in October 2014. It showed left paracentral L5-S1 disc protrusion abutting the left S1 nerve root. There is also far lateral disc protrusion at L4-5. The patient has had back pain for many years. She's had epidural steroid injections with only temporal leaf. At issue is whether lumbar decompressive surgeries medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy with Discectomy/Foraminotomy (Left L5-S1 Decompression/Discectomy): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG low back chapter

Decision rationale: Per guidelines, this patient does not meet establish criteria for lumbar decompressive surgery. Specifically there is no clear correlation between MRI imaging studies and physical examination showing specific left S1 radiculopathy. In addition, the medical

records do not document a recent trial and failure of conservative measures to include physical therapy. More conservative measures are needed. There are no red flag indicators for spinal decompressive surgery such as fracture, tumor, progressive neurologic deficit. This request is not medically necessary at this time.