

Case Number:	CM14-0191497		
Date Assigned:	11/25/2014	Date of Injury:	11/19/2011
Decision Date:	01/09/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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 California. 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 November 19, 2011. The patient has chronic low back pain. On physical examination, the patient has decreased range of motion of the back. There is tenderness palpation of the lumbar spine. Motor strength in the bilateral lower extremities is normal. Reflexes at the knees and ankles are normal. Straight leg raise is positive on the right. MRI shows degenerative disc condition at multiple lumbar levels. 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:

Microlumbar Laminectomy with Discectomy and Foraminotomy at L3-L4, L4-L5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

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

Decision rationale: This patient does not meet established criteria for multilevel lumbar decompressive surgery. Specifically there is no clear documentation of radiculopathy in the lower extremities that clearly correlate with imaging study showing specific compression of

nerve roots. In addition the medical records do not clearly documented the patient has had a recent trial and failure of conservative measures to include physical therapy. There were no red flag indicators for spinal decompressive surgery such as fracture, tumor or progressive neurologic deficit. Multilevel lumbar spinal laminectomy is not likely to relieve this patient's chronic low back pain. There is no correlation between imaging studies and physical examination. Multilevel laminectomy is not medically necessary.

Pre-Operative medical clearance: 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 the primary procedure is not medically necessary, none of the associated services are medically necessary.

Hospital Stay for 3 Days: 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.