

Case Number:	CM14-0205509		
Date Assigned:	12/17/2014	Date of Injury:	05/29/2013
Decision Date:	02/09/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/08/2014

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 has chronic neck, back right ankle, and right shoulder pain. The patient had low back surgery on January 21, 2014. The procedure performed was L4 hemilaminotomy and L4-5 discectomy. The patient is still having neck back and shoulder pain. The patient takes ibuprofen. Physical examination shows decreased range of motion of the lumbar spine. The patient is unable to heel and toe walk. Squatting is painful. At issue is whether lumbar decompressive surgeries are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 305-307.

Decision rationale: Per guidelines, this patient does not meet establish criteria for lumbar decompressive surgery at this time. Specifically there is no documentation of recent trial and failure of conservative measures to include physical therapy for the treatment of low back pain. In addition, there are no red flag indicators for spinal decompressive surgery such as fracture

tumor or progressive neurologic deficit. Lumbar decompressive surgery is not medically necessary at this time. Criteria for lumbar decompressive surgery not met.