

Case Number:	CM14-0208153		
Date Assigned:	12/22/2014	Date of Injury:	09/12/2013
Decision Date:	02/13/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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 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 complains of chronic low back pain that radiates to the left leg. On physical examination there is reduced range of lumbar motion. Reflexes are normal in the bilateral lower extremities. Sensation is normal in the bilateral lower extremities. Motor examination shows normal motor strength in all muscle groups in the bilateral lower extremities. The patient has a normal gait. Straight leg raise is positive bilaterally. The patient continues to have back pain radiating to the legs despite conservative measures. At issue is whether lumbar decompressive surgeries medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Microdiscectomy L5-S1 Lumbar Spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Read Group/The Medical Disability Advisor, and ODG, Integrated Treatment Guidelines

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

Decision rationale: This injured worker does not meet MTUS criteria for lumbar decompressive surgery. Specifically, there is no clear correlation between MRI imaging studies and physical

examination showing radiculopathy. There are no red flag indicators for spinal decompressive surgery such as fracture tumor or progressive neurologic deficit. The request for Lumbar decompressive surgery is not medically necessary.