

Case Number:	CM14-0211158		
Date Assigned:	12/24/2014	Date of Injury:	12/10/2013
Decision Date:	02/13/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/16/2014

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 December 10, 2013. He has chronic back pain. He also complains of pain radiating down his leg to his foot. On physical examination he has decreased sensation in his legs. Straight leg raising is positive. EHL is weak on the left. Reflexes are absent at the knees and ankles. MRI lumbar spine from 2014 shows multiple levels of degeneration. At L5-S1 there is mild to moderate canal stenosis. At L4-5 there is moderate central stenosis. L3-4 there severe canal stenosis. At L2-3 there is foraminal stenosis. The patient continues to have pain despite conservative measures. At issue is whether left L4-5 and L5-S1 discectomy decompression surgeries medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 and L5-S1 microdiscectomy, decompression and foraminotomy: 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: This patient does not meet criteria for left L4-5 and left L5-S1 discectomy surgery. Specifically, there is no clear correlation between physical exam findings and imaging

studies. There is no correlation between exam showing specific radiculopathy and imaging studies showing specific compression of nerve roots. In addition, there are no red flag indicators for spinal decompressive surgery such as progressive neurologic deficit, fracture or tumor. The surgery request is not medically necessary.