

Case Number:	CM15-0130615		
Date Assigned:	07/17/2015	Date of Injury:	02/04/1999
Decision Date:	08/12/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/07/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: North Carolina
 Certification(s)/Specialty: Family Practice

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 injured worker is a 53 year old female with an industrial injury dated 02/04/1999. The injured worker's diagnoses include right lumbar radiculopathy, L5-S1 level. Treatment consisted of diagnostic studies, prescribed medications, and periodic follow up visits. In a progress note dated 05/13/2015, the injured worker reported severe disabling right leg and low back pain. Objective findings revealed diffuse tenderness throughout the right lower lumbar area, positive right straight leg raises, hypesthesia in the S1 distribution and absent ankle jerk on the right. Treatment plan consisted of micro decompression laminectomy at the L5-S1 level. The treating physician requested anesthesia for micro decompression surgery, now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Anesthesia (for micro decompression surgery): 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.

Decision rationale: The ACOEM chapter on low back pain does recommend different surgical for ongoing refractory back pain. The review of the provided clinical documentation however indicates the requested surgery has not been approved. Therefore there is no need for anesthesia for the surgery which has been denied. The request is not medically necessary.