

Case Number:	CM13-0007108		
Date Assigned:	12/18/2013	Date of Injury:	07/24/2012
Decision Date:	02/27/2014	UR Denial Date:	07/25/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedics and is licensed to practice in New Hampshire, New York, and Washington. 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 physician 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 is a 61-year-old male who suffered an injury at work and reports chronic low back pain. The patient's injury occurred on July 24, 2012 when he tripped and fell while carrying a heavy box. He reports chronic back left leg pain with weakness and numbness. He has had medications and physical therapy and physical therapy was not helpful in alleviating his pain. MRI lumbar spine on July 15, 2013 showed disc degeneration at L3-4 L4-5 and L5-S1. At L3-4 there is a disc bulge with mild canal and mild foraminal stenosis. At L4-5 there is moderate canal stenosis with some impingement of the L5 roots. At L5-S1 there is no spinal stenosis. Lumbar MRIs X 2 do not report any areas of severe spinal stenosis. The patient complains of bilateral buttock pain radiating to the legs which is aggravated by activity. He's had an ESI which relieved his left leg pain. He still complains of leg weakness numbness and tingling. On physical examination no tenderness to lumbar spine is present. Lumbar range of motion is limited. Gait was normal. Strength testing and reflexes were normal and symmetrical in the bilateral lower extremities. Sensation is mildly diminished in the left L5 distribution. Patient had a repeat physical examination in July 15, 2013 that show no change in the physical findings. At issue is whether lumbar decompressive surgery and other associated items are medically necessary at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient (number of days not specified): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-312. Decision based on Non-MTUS Citation ODG Low Back Pain chapter.

Decision rationale: This patient does not meet established criteria for lumbar decompressive surgery. The physical examination does not document significant neurologic deficit. In fact physical examinations document normal motor function in the bilateral lower extremity and only a mild unilateral L5 sensory deficit. The formal MRI report does not mention any evidence of severe spinal stenosis. In addition, the formal MRI report does not correlate with the patient's physical exam in findings IN IDENTIFYING a specific lumbar radiculopathy that is identified on both physical examination and imaging studies. Because there is no concrete evidence of neurogenic claudication present in the record and no discussion of lateral recess stenosis in the formal MRI report, this patient does not meet criteria for lumbar decompressive surgery. There is no medical necessity for lumbar decompressive surgery this patient. Because the lumbar decompressive surgery not medically necessary, then all of the associated items with the surgery are not needed.

Labs: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG Low Back Pain chapter.

Decision rationale: Because this surgery is not medically necessary, other associated items are not needed.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-312. Decision based on Non-MTUS Citation ODG Low Back Pain chapter.

Decision rationale: Because this surgery is not medically necessary, other associated items are not needed.

Pre operative exam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-312. Decision based on Non-MTUS Citation ODG Low Back Pain chapter.

Decision rationale: Because this surgery is not medically necessary, other associated items are not needed.