

Case Number:	CM14-0144782		
Date Assigned:	09/12/2014	Date of Injury:	04/28/2013
Decision Date:	11/13/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/08/2014

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 and is licensed to practice in California. 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 claimant is a 31 years old gentleman who was injured in a work related accident on 04/28/13. The medical records provide for review document that the claimant has low back complaints and since his injury he has undergone an L5-S1 microdiscectomy. The records document that the claimant had a large lateral disc extrusion at the L5-S1 level with S1 nerve root displacement on his initial MRI scan. The report of a postoperative MRI dated 07/10/14 revealed at the L5-S1 level a chronic central to left foraminal disc protrusion, resulting in lateral recessed stenosis. There was no evidence of progressive impingement since the time of a previous postoperative MRI in May 2013. The follow up clinical report of 07/16/14 described persistent low back and left leg pain. The report documents that postoperative treatment has consisted of epidural injections, physical therapy, chiropractic measures and medication management. Physical examination showed pain in the sciatic notch, diminished sensation in an L4-S1 dermatomal fashion, and 4+/5 weakness of the tibia, anterior extensor hallucis longus and ankle reflexes. The recommendation was made for revision decompression at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision Micro-lumbar decompression @ left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (http://www.odg-twc.com/odgtwc/Low_Back.htm); regarding lumbar decompression

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 306.

Decision rationale: Based on the California ACOEM Guidelines, the request for revision micro-lumbar decompression at L5-S1 cannot be recommended as medically necessary. Both of the claimant's postoperative MRI scans identify postsurgical changes and no evidence of compressive pathology. Based on the lack of direct clinical correlation between the claimant's examination findings and imaging studies, there would be no indication for a repeat L5-S1 surgery. The medical records document that the claimant's physical examination is consistent with findings at the L4-5 level in the form of sensory and motor change. These findings would not correlate to the requested level of surgery. Therefore, the proposed surgery cannot be supported as medically necessary.