

Case Number:	CM14-0005337		
Date Assigned:	01/24/2014	Date of Injury:	08/20/2012
Decision Date:	07/21/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/15/2014

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 is a 35-year-old male with a date of injury of August 20, 2012. The patient has chronic back pain. The patient had physical therapy and nonsteroidal pain medication. However completed physical therapy visits are not documented. The patient also had ESI treatment with 2 weeks of very good relief. X-ray of the lumbar spine is normal. MRI lumbar spine dated September 27, 2013 shows large left disc protrusion L5-S1. There is posterior disc bulging at L4-5. There is moderate narrowing of the left lateral recess and mild narrowing of the right lateral recess at L4-5. The patient continues to have left buttock and left leg pain. Physical exam shows positive straight leg raise and 4-5 weakness of ankle dorsiflexors. At issue is whether L4-5 laminectomy discectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5 LAMINECTOMY, DISKECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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

Decision rationale: This patient does meet criteria for L4-5 laminectomy surgery. The patient has documented compression of the left L5 nerve root on MRI imaging studies and his physical exam that correlates with left L5 radiculopathy. The patient failed conservative measures to include physical therapy medications and the patient has had improvement for 2 weeks with ESI treatment. The criteria for laminectomy at L4-5 was met.