

Case Number:	CM14-0103761		
Date Assigned:	07/30/2014	Date of Injury:	11/25/2002
Decision Date:	09/29/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 55-year-old female was reportedly injured on November 25, 2002. The mechanism of injury is noted as a fall off a chair while cleaning as well as a cart hitting her in the stomach. The most recent progress note, dated February 26, 2014, indicates that there are ongoing complaints of neck pain, back pain, hip pain, and foot pain. The physical examination demonstrated ambulation with the assistance of a cane. There was decreased sensation on the right anterior thigh and the right lateral calf as well as the right lateral ankle. Diagnostic imaging studies were not available. Previous treatment is unknown. A request had been made for a left L5 foraminotomy and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left 5 Foramineotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines(ODG), Low Back Chapter, Microdiscectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental

Medicine (ACOEM), 2nd Edition, (2004), Low Back Disorders; Clinical Measures, Surgical Considerations (electronically sited).

Decision rationale: The ACOEM Practice Guidelines support a lumbar laminectomy/discectomy for the treatment of sub-acute and chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. Review of the available medical records, documents physical examination findings of a radiculopathy, however there are no nerve conduction studies or an MRI to corroborate findings of nerve root compression. As such, this request for a left L5 Foraminotomy is not medically necessary.