

Case Number:	CM13-0009730		
Date Assigned:	03/24/2014	Date of Injury:	03/10/2012
Decision Date:	05/20/2014	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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 Neurosurgery and is licensed to practice in Texas, California, New Mexico, New York, Maryland, Colorado, Georgia, Louisiana, Oklahoma, Nevada, Illinois, Kentucky, Virginia, South Carolina, Mississippi, Missouri, Minnesota, and Tennessee. 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 70-year-old male who sustained an injury on 03/10/12. No specific mechanism of injury occurred rather this was a injury due to previous injuries in 2011 and 2012. Prior conservative treatment included multiple epidural steroid injections which provided temporary benefit. Medications included anti-inflammatories analgesics and antidepressants for neuropathic pain. Radiographs of the lumbar spine from 01/22/12 showed mild degenerative changes in the lumbar spine. MRI (magnetic resonance imaging) of the lumbar spine on 02/16/13 noted disc protrusions measuring 2.5mm at L4-5 extending into the right neural foraminal and extending into the neural foraminal regions with contact of the thecal sac. There was mild central canal and moderate left and moderate to severe right neural foraminal stenosis. There was contact of the right exiting L4 nerve root. At L5-S1 there was a 4.5mm disc protrusion contacting the anterior aspect of the thecal sac with a flattening. Mild canal stenosis was present. There was moderate left and moderate to severe right neural foraminal stenosis with contact of the right exiting L5 nerve root. The patient was recommended for further epidural steroid injections in 2013 performed in 06/21/13 which provided a significant reduction in symptoms in regards to right sided lower extremities symptoms in regards to right lower extremity pain. The relief only lasted three to four hours with return to baseline pain. Further epidural steroid injections were not recommended or were not approved through insurance. The last evaluation was by [REDACTED] on 08/02/13. On physical examination the patient ambulated with a significant right antalgic right sided antalgic gait. There was tenderness to palpation in the lumbar paraspinal musculature. There was loss of strength on right toe flexion and dorsiflexion. Reflexes were 2+ and symmetric and there was no sensory loss. Straight leg raise findings were positive to the right. The planned

L4-5 and L5-S1 laminotomy and foraminotomy with discectomy were denied by utilization review on 07/30/13 as there were no physical examination findings noted demonstrating a radicular process for the two levels in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 AND L5-S1 LAMINOTOMY AND FORAMINOTOMY WITH DISKECTOMY ON THE RIGHT: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

Decision rationale: The patient presented with ongoing chronic radicular symptoms in the lower extremities more severe to the right side. The last evaluation from [REDACTED] in 08/13 noted weakness at the right toe on flexion and dorsiflexion. There was a positive straight leg raise to the right. These symptoms correlated with L4 and L5 nerve root contact on MRI (magnetic resonance imaging) at L4-5 and L5-S1 disc spaces due to disc protrusions and associated facet changes. Given the contact of the nerve roots correlating with the subjective complaints and objective findings and failure of conservative treatment, the request for L4-5 and L5-S1 laminotomy and foraminotomy with discectomy on the right is medically necessary and is consistent with guideline recommendations.