

Case Number:	CM13-0011574		
Date Assigned:	12/18/2013	Date of Injury:	03/03/2012
Decision Date:	01/29/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/15/2013

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 Orthopedic Surgery, has a subspecialty in Spine 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 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 40-year-old male who reported an injury on 03/03/2012, when he was reported to be going into the field to repair a damaged sprinkler when his right foot got stuck in the mud and began to sink, and as he was pulling his foot out of the mud, he twisted and felt acute pain in his lower back, radiating to his right leg. The patient is noted to have undergone a right knee surgery in 2012 and he continued to have some discomfort in the knee, but his back and leg pain were the bigger problem. The patient is noted to have been treated with physical therapy and massage therapy, and reported continued low back pain with discomfort radiating down the front and the back of his leg, and he felt that he needed to use crutches to get about because he had giving-way episodes. An MRI scan reported to have been performed on an unstated date was noted to show widespread and multilevel degenerative disc disease with associated spinal stenosis. The patient is noted to walk quite slowly on physical examination, utilizing crutches for weightbearing. He is reported to have some difficulty sitting for any extended period of time. Straight leg raise on the right was positive while sitting. There were no reflex changes. He had 2+ reflexes at the knees, but reflexes were absent at the ankle. He was noted to have very little range of motion and was reluctant to move his back. It was recommended at that time, the patient should be treated conservatively with injection management to see to what degree that type of treatment would allow him to improve his function. On 10/17/2013, [REDACTED] reported the patient was seen for re-evaluation. He reported he was unable to walk anymore, secondary to significant weakness, and to use 2 crutches for ambulation. He reported that the patient had severe spinal stenosis which was quite symptomatic. He had significant weakness in his right lower extremity. On 11/14/2013, the patient was reported to continue

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 Posterior Lumbar Laminectomy, Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The employee is a 40-year-old individual who reported an injury to the low back on 03/03/2012, when one of his feet became stuck in mud, and while twisting to attempt to free the right foot, the employee developed low back pain with radiation of pain down the right lower extremity. The employee is also noted to have injured the right knee and to have undergone an arthroscopy to the right knee on an unstated date with some improvement of knee symptoms. The employee is reported to have undergone a magnetic resonance imaging (MRI) of the lumbar spine, which is reported to show significant multilevel degenerative disc disease with associated spinal stenosis and is noted to have complaints of weakness of the right lower extremity and absent ankle reflex and giving way of the lower extremity. The MTUS Guidelines recommend a lumbar discectomy and a lumbar nerve root decompression for findings of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective findings of neural compromise. As the MRI report was not submitted for review to support the requested surgery, the need for a laminectomy and discectomy is not established. Based on the above, the request for an L3-5 posterior lumbar laminectomy/discectomy is non-certified.