

Case Number:	CM13-0023701		
Date Assigned:	06/06/2014	Date of Injury:	09/10/2012
Decision Date:	07/14/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/11/2013

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 Neurological 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 injured worker is a 22 year old male who sustained an injury on 09/10/12 while moving a heavy object. The patient developed complaints of low back pain radiating through the lower extremities. Prior conservative treatment included extensive amount of physical therapy and two separate epidural steroid injections in March of 2013 and April of 2013. The patient reported limited response to epidural steroid injections. Overall, there was limited response to physical therapy. MRI of the lumbar spine on 01/18/13 noted 7-8 millimeters central to left paracentral disc extrusion at L4-5 with facet joint hypertrophy contributing to mild right and severe left lateral recess stenosis with contact of the left L5 nerve root. Given the failure of conservative treatment the patient was referred to spinal surgery consult on 05/10/13. The patient reported temporary relief one to two days only with epidural steroid injections. On physical examination the patient ambulated with antalgic gait favoring the left lower extremity. There was noted loss of lumbar range of motion. Straight leg raise was positive to the left. Ankle reflex was absent on the left with rather profound weakness at the left gastrocnemius and extensor halluc longus. Electrodiagnostic studies on 06/14/13 noted evidence suggestive of bilateral chronic and active L4 through S1 radiculopathy. Reevaluation on 07/19/13 indicated the patient was continuing to have difficulty performing any heel or toe walking with left lower extremity. The patient continued to have antalgic gait. Weakness was persistent at the left gastrocnemius and extensor halluc longus (EHL). The requested lumbar laminectomy and discectomy from L4 through S1 with pre-operative clearance was denied by utilization review on 07/25/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY AND DISCECTOMY AT L4-S1 WITH PRE-OP CLEARANCE: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER, PRE-OPERATIVE.

Decision rationale: In regards to the request for lumbar laminectomy and discectomy at L4-S1 with pre-operative clearance, this reviewer would have recommended these procedures as medically necessary. The MRI of the lumbar spine was notable for two level disc protrusions at L4-5 and L5-S1. There was clear contact of the left L5 nerve root and effacement of the anterior thecal sac at L5-S1. Electrodiagnostic studies were positive for chronic L4 through S1 radiculopathy. The clinical documentation submitted for review noted failure of conservative treatment including extensive amount of physical therapy and two separate epidural steroid injections. The patient had limited response to medications. Physical examination findings were concordant with imaging as there was profound weakness at left EHL and gastrocnemius. Given the failure of conservative treatment and correlating findings on physical examination supportive of L5 and S1 radiculopathy, this reviewer would have recommended the request as the clinical documentation met clinical Official Disability Guidelines (ODG) regarding the requested procedures. Given the risk factors for surgical intervention, the requested pre-operative consult would have been medically appropriate to rule out any co-morbid conditions that could have possibly increased risks for surgery.