

Case Number:	CM13-0028667		
Date Assigned:	11/27/2013	Date of Injury:	08/12/2009
Decision Date:	01/31/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/25/2013

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 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 31-year-old female who reported an injury on 08/12/2009 due to picking up a large patient, causing pain in her low back. The patient was originally treated with physical therapy and medications. The patient underwent an MRI that revealed mild facet arthropathy at the L5-S1 level with borderline stenosis of the central spinal canal with contact on the traversing S1 nerve roots. The patient underwent an EMG/NCV that revealed no findings to support radiculopathy and evidence of mild motor polyneuropathy. The patient's chronic low back pain was managed by physical therapy, medications, and injection therapy. The patient's most recent clinical examination findings included tenderness to palpation of the paraspinal musculature, range of motion described as 45 degrees in extension, and a positive straight leg raising test to the right. The patient's diagnoses included lumbar radiculopathy, mild facet arthropathy, and intermediate borderline stenosis of the cervical spine. The patient's treatment plan included continued medications, and a diagnostic facet nerve block.

IMR ISSUES, DECISIONS AND RATIONALES

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

right L4-S1 hemi microlaminectomy and microdiscectomy, possible laminectomy and neural decompression: Upheld

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): 303-305.

Decision rationale: The requested laminectomy and neural decompression of the right L4 through S1 and hemi microlaminectomy and microdiscectomy are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has chronic low back pain with consistent radicular findings. However, the most recent clinical documentation submitted for review does not provide any evidence of radicular findings to corroborate L4 through S1 nerve root pathology. Additionally, although it is noted within the documentation that the patient underwent an MRI that provides evidence of S1 nerve root impingement, that MRI was not provided for review. The American College of Occupational and Environmental Medicine recommends surgical intervention for the lumbar spine when there is "clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both short and long-term from surgical repair. The clinical documentation submitted for review does provide an electrodiagnostic study that did not support any radicular findings in the L4 through S1 dermatomes. Additionally, as there were no clear clinical findings and no imaging studies submitted for review, the need for surgical intervention at this time cannot be determined. As such, the requested laminectomy and neural decompression for the right L4 through S1 and hemi microlaminectomy and microdiscectomy are not medically necessary or appropriate.