

Case Number:	CM13-0039470		
Date Assigned:	12/18/2013	Date of Injury:	12/20/2011
Decision Date:	05/06/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/28/2013

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 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 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 32 year old male injured in a work related accident December 20, 2011. The patient sustained an injury to his low back. The clinical records include a January 7, 2012 lumbar MRI report showing evidence of broad based disc protrusion L2-3 through L5-S1 with multi level facet hypertrophy and no compressive findings. The patient was noted to be with prior evidence of hemilaminectomy at the L4 level. The current clinical records include October 23, 2013 followup assessment indicating low back pain and continued right lower extremity radicular pain. It states the patient is status post lumbar laminectomy with decompression performed August 22, 2013 undergoing postoperative physical therapy. Prior to this assessment August 15, 2013 progress report indicated continued low back and right lower extremity complaints with physical examination showed diminished sensation at the right L5 dermatomal distribution with positive right sided straight leg raise. At that time there was documentation of need for conservative care including lumbar epidural steroid injections stating that if they fail facet joint injections bilaterally at the L2-3 and L4-5 level would be indicated for further treatment. Further clinical imaging is not documented or supported.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SELECTIVE NERVE ROOT BLOCK L2/3, L3/4, L4/5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), LOW BACK, EPIDURAL STERIOD INJECTIONS

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines EPIDURAL STEROID INJECTIONS Page(s): 46.

Decision rationale: The CA MTUS Guidelines would not support the request for L2-3, L3-4 and L4-5 selective nerve root blocks. CA MTUS states, "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing."The claimant is noted to be with radicular findings the three requested injection levels do not correlate with clinical imaging to support a neurocompressive clinical picture. The guideline criteria would only recommend the role of nerve root injections if evidence of radiculopathy is documented on both physical examination and corroborated by imaging or electrodiagnostic testing. The request is not supported.

**LUMBAR DISECTOMY AND NEURTAL DECOMPRESSION L2/3, L3/4, L4/5
W/INTRA OPERATIVE NEUROMONITORING:** Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK, DISCECTOMY/LAMINECTOMY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, (ODG), 18TH EDITION, 2013 UPDATES: LOW BACK PROCEDURE

Decision rationale: Based on the CA ACOEM Guidelines the role of three level lumbar discectomy and decompression at the L2-3 through L4-5 level would not be indicated. The claimant presented with a clinical picture of right leg radiculopathy surgical requested levels did not correlate with pertinent physical examination findings or the clinical imaging that did not demonstrate significant pathology at the L2-3 and L3-4 or L4-5 level. The surgical process and intra operative neuromuscular monitoring is not indicated.