

Case Number:	CM13-0041071		
Date Assigned:	12/20/2013	Date of Injury:	04/11/2003
Decision Date:	12/02/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/10/2013

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 Spinal Surgery and is licensed to practice in Texas. 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 69-year-old male who reported an injury on 04/11/2003 due to an unknown mechanism. Diagnosis was spinal stenosis of lumbar region. Past treatments were not reported. The injured worker had an Electromyography (EMG) on 02/11/2013 that revealed the study was consistent with peripheral neuropathy, which appeared largely axonal in character. It was reported this may be related to the injured worker diabetes. Denervative changes noted on EMG were restricted to the gastrocnemius medial heads bilaterally. While a radiculopathy cannot entirely be excluded, it was more likely that the denervative changes were result of the peripheral neuropathy. The injured worker also had a MRI done in 06/2012 that revealed severe stenosis at the L4-5 level. Physical examination, dated 09/03/2013, revealed the injured worker was having some left flank pain. Injured worker also complained of numbness in the right leg. The injured worker stated it was from buttocks all the way down to his foot. Examination revealed the injured worker moved around slowly and cautiously. The injured worker leaned forward slightly at the waist. It was reported that the injured worker had symmetrical muscle tone, bulk, and strength in the lower extremities. Patellar and Achilles reflexes were absent. Range of motion of the hips was symmetrical and did not produce symptoms. Straight leg raising was negative. There was no spasm. There were no discrete areas of tenderness in the low lumbar area. Treatment plan was for decompression surgery. Medications were vitamin D, aspirin, lisinopril, simvastatin, haloperidol, Prilosec, hydrochlorothiazide, gabapentin, Metformin, meloxicam, Vicodin, and Flexeril. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RUSH IP LUMBAR DECOMPRESSION L4-05: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: The decision for rush IP lumbar decompression L4-05 is not medically necessary. The California ACOEM states the criteria for surgical consideration is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risk and benefits, and especially expectations, is very important. Patients with acute low back pain alone, without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. If there is no clear indication for surgery, referring the patient to a physical medicine practitioner may help resolve the symptoms. It was not reported that there was failure of conservative treatment. It was not documented that the injured worker had severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. There were no imaging studies submitted for review. There was no neurological examination with deficits with strength, sensation, or specific dermatomal/myotomal distribution. There is a lack of documentation of an objective assessment of the injured worker's pain level and functional status. There were no other significant factors provided to justify the request for rush IP lumbar decompression L4-05. Therefore, this request is not medically necessary.