

Case Number:	CM13-0046658		
Date Assigned:	12/27/2013	Date of Injury:	04/19/2007
Decision Date:	04/18/2014	UR Denial Date:	10/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 Orthopaedic 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:

This 50-year-old female 1st grade teacher sustained a low back injury on 4/19/07 when she stumbled on a rug while carrying a box of books. The patient's status post L3/4 and L4/5 fusion on 12/5/07 and revision hemilaminectomy right L2/3, L3/4, and L4/5 and far lateral decompression L3, L4, and L5 on 11/3/11. The patient underwent a right L2 selective nerve root block on 2/21/13 with symptom alleviation for a couple of weeks. The 6/18/13 lower extremity EMG/NCV findings were consistent with right L5 radiculopathy, less acute than the findings of 3/18/12 but still significant loss of functioning motor units at the L5 distribution. The 8/5/13 lumbar MRI impression documented L2/3 disc protrusion with mild central canal and bilateral neuroforaminal stenosis and post-operative changes similar in appearance at L3/4 and L4/5 with no significant stenosis at these levels. The 9/11/13 treating physician report cited continued right lower back pain and leg pain and now some left sided pain. On his review of the MRI findings, he noted that although there was no true central canal stenosis, there was significant bilateral recess stenosis at the L2/3 level second to significant bulging disc, which he would call ruptured. Exam findings documented pain on extension and bilateral lateral flexion, radiating into both legs. A selective nerve block at the right L2 nerve root had been requested but had been denied in utilization review. Given the denial of injection therapy, the treating physician recommended a bilateral laminectomy at L2 and L3 and bilateral discectomy with far lateral approach bilaterally. The 9/23/13 AME recommended proceeding with the lumbar nerve blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LAMINECTOMY AT L2 AND L3 AND BILATERAL DISCECTOMY WITH FAR LATERAL APPROACH BILATERALLY: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK - LUMBAR & THORACIC, DISCECTOMY/LAMINECTOMY

Decision rationale: Under consideration is a request for bilateral laminectomy at L2 and L3 and bilateral discectomy with far lateral approach bilaterally. The California MTUS does not provide recommendations for surgical intervention in chronic low back injuries. The Official Disability Guidelines recommend discectomy/laminectomy when symptoms and findings confirm the presence of radiculopathy, including clinical exam findings consistent with nerve root compression at the level corresponding with imaging. Guideline criteria require conservative treatment including activity modification, drug therapy, and support provider referral. Guideline criteria have not been met. There are no recent exam findings documented by the treating physician that supply evidence of neural compromise consistent with imaging findings. Additionally, there is no documentation that recent comprehensive conservative non-operative treatment has been tried and has failed. Therefore, this request for bilateral laminectomy at L2 and L3 and bilateral discectomy with far lateral approach bilaterally is not medically necessary.