

Case Number:	CM13-0055672		
Date Assigned:	12/30/2013	Date of Injury:	07/10/2013
Decision Date:	03/18/2014	UR Denial Date:	10/31/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 51-year-old female with a 7/10/13 date of injury. At the time of request for authorization for Discectomy L2-3,L3-4, L4-5, there is documentation of subjective (low back pain extending to the right leg) and objective (tender to palpation over L2-L3, L3-L4, and L4-L5 and decreased range of motion) findings, imaging findings (MRI lumbar spine (8/31/13) report revealed disc herniation causing stenosis of the spinal canal and bilateral neural foramen at L2-L3, L3-L4, and L4-L5), current diagnoses (discogenic lumbar disc pain causing lumbar radiculopathy), and treatment to date (physical therapy and medications). There is no specific (to nerve root distribution) documentation of subjective (pain, numbness or tingling in a nerve root distribution) findings which confirm presence of radiculopathy and objective (sensory changes, motor changes, or reflex changes) findings that correlate with symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discectomy L2-3,L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

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, Discectomy/laminectomy.

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; and failure of conservative treatment to resolve disabling radicular symptoms, as criteria necessary to support the medical necessity of laminotomy. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of a diagnosis discogenic lumbar disc pain causing lumbar radiculopathy. In addition, there is documentation of imaging findings (spinal canal and neural foraminal stenosis) at each of the requested levels and failure of conservative treatment (physical therapy and medications). However, despite nonspecific documentation of subjective findings (low back pain extending to the right leg) and objective findings (tender to palpation over L2-L3, L3-L4, and L4-L5 and decreased range of motion), there is no specific (to nerve root distribution) documentation of subjective (pain, numbness or tingling in a nerve root distribution) findings which confirm presence of radiculopathy and objective (sensory changes, motor changes, or reflex changes) findings that correlate with symptoms. Therefore, based on guidelines and a review of the evidence, the request for Discectomy L2-3,L3-4, L4-5 is not medically necessary.