

Case Number:	CM13-0056386		
Date Assigned:	12/30/2013	Date of Injury:	08/15/1979
Decision Date:	05/02/2014	UR Denial Date:	11/14/2013
Priority:	Standard	Application Received:	11/22/2013

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 injured worker is a 66-year-old male who reported an injury on 08/15/1979. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, chiropractic care, multiple medications, and epidural steroid injections. The injured worker underwent a diagnostic x-ray on 09/03/2013 which documented there was a grade 1 fixed retrolisthesis of L2 on L3, and L3 on L4, moderate diffuse degenerative disc disease of the lumbar spine, and moderate lower lumbar facet joint arthropathy. The injured worker underwent an MRI of the lumbar spine on 09/04/2013. It was documented that the injured worker had stable right hemi-laminectomy changes, epidural fibrosis encroaching on the exiting right L3 nerve root with moderate to severe right-sided neural foraminal stenosis, an L4-5 laminectomy change with moderate right-sided neural foraminal stenosis with contact of the exiting L4 nerve root, L5-S1 moderate right-sided foraminal stenosis with contact of the right L5 nerve root, and L1-2 disc bulge with effacement of the thecal sac. The injured worker was evaluated on 11/06/2013 and it was documented that right L3 through S1 decompression due to lateral recess stenosis was recommended. Physical findings included normal muscle strength rated at a 5/5 in the bilateral upper and lower extremities with normal tone and a positive straight leg raising test to the right at 15 degrees. Neurological examination documented deep tendon reflexes within normal limits, decreased sensation in the right L5 distribution. A request was made for L3 through S1 decompression to relieve the injured worker's radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-S1 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery -Discectomy/Laminectomy; Official Disability Guidelines, Low Back - Lumbar & Thoracic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested right L3-S1 decompression is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for patients that have both physical examination findings and positive finding on an imaging study that have failed to respond to conservative measures. The injured worker does have radicular findings in the L5 distribution that have failed to respond to several conservative treatments. The injured worker's most recent imaging study does document that the injured worker has multilevel nerve root impingement. However, the injured worker's clinical findings only support radicular findings in the L5 distribution. The injured worker has normal muscle strength rated at 5/5 and deep tendon reflexes within normal limits. Therefore, the need for a multilevel decompression is not supported. As such, the requested right L3-S1 decompression is not medically necessary or appropriate.

Lumbar Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298,301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.