MAXIMUS Federal Services

Case Number:	CM13-0065095		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2011
Decision Date:	03/27/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/12/2013

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 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 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:

This 48-year-old female sewing machine operator experienced a gradual onset of neck and back pain beginning in mid-2010 due to cumulative trauma. The initial orthopedic evaluation on 5/3/13 noted a 2-year history of low back pain radiating to both legs with minimal improvement, despite anti-inflammatories and physical therapy. The lower extremity neurologic exam was reported normal relative to strength, deep tendon reflexes, and sensation. Lumbar exam noted full range of motion and paraspinal tenderness. The 5 13/13 MRI documented mild disc degeneration at L2/3 through L4/5, 4 mm far left posterolateral disc protrusion at L3/4 with mild left foraminal encroachment and lateral recess stenosis, and mild left L3/4 facet arthropathy. There was severe right and mild left L4/5 facet arthropathy with the posterior disc contour at L4/5 within normal limits. The 6/28/13 orthopedic report cited no improvement in patient symptoms. Exam findings documented diminished sensation over the S1 dermatome. The treating physician stated that the patient had failed conservative treatment with anti-inflammatories and physical therapy for 2 years and had a neurologic deficit concordant with MRI findings. Authorization was requested for an L4 through S1 decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary

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: The request under consideration is for L4-L5 decompression. The California Medical Treatment Utilization Schedule do not provide guidance for lumbar surgery in chronic injuries. The Official Disability Guidelines provide specific criteria for L4/5 decompressive surgery that requires findings of L4 nerve root compression. Objective findings, including nerve tension signs and reflex exam should correlate with symptoms and imaging. This patient does not present with clinical exam findings consistent with imaging. Clinical findings include paraspinal tenderness, full range of motion, normal lower extremity strength and deep tendon reflexes, negative nerve tension signs, and diminished S1 dermatomal sensation. MRI findings documented mild disc degeneration at L2/3 through L4/5, 4 mm far left posterolateral disc protrusion at L3/4 with mild left foraminal encroachment and lateral recess stenosis, and mild left L3/4 facet arthropathy. There was severe right and mild left L4/5 facet arthropathy with the posterior disc contour at L4/5 and L5-S1 being within normal limits. Clinically, findings only correlate with S1 nerve root involvement (which is not corroborated by MRI findings.) Physical therapy records have not been provided for evaluation, despite reportedly having been tried and failed. There is no evidence of a trial and failure of epidural steroid injection(s). Given the failure to fully meet guideline criteria, this request for L4-L5 decompression is not medically necessary at this time.