

Case Number:	CM13-0066323		
Date Assigned:	01/03/2014	Date of Injury:	01/28/2004
Decision Date:	05/22/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Spine 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:

According to the records made available for review, this is a 54-year-old female with a 1/28/04 date of injury. At the time (10/31/13) of request for authorization for lumbar laminectomy and microdiscectomy, there is documentation of subjective (low back pain with radiation to the bilateral lower extremities) and objective (pain with flexion of the lumbar spine and normal neurological examination) findings, imaging findings (MRI of the lumbar spine (3/26/13) report revealed mild central and moderate right lateral recess stenosis at L4-5; mild central stenosis at L3-4; moderate right lateral recess stenosis at L5-S1; moderate left foraminal narrowing and right foraminal narrowing at L5-S1, moderate right and mild left foraminal narrowing at L4-5; and moderate bilateral foraminal narrowing at L3-4), current diagnoses (L4-5 herniated disc), and treatment to date (physical therapy, medication, activity modification, and injections).

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY AND MICRODISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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 Chapter.

Decision rationale: MTUS reference to ACOEM Guidelines 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; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. 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 of L4-5 herniated disc. In addition, there is documentation of subjective findings (low back pain with radiation to the bilateral lower extremities), objective findings (pain with flexion of the lumbar spine) findings, imaging findings (mild central and moderate right lateral recess stenosis at L4-5; mild central stenosis at L3-4; moderate right lateral recess stenosis at L5-S1; moderate left foraminal narrowing and right foraminal narrowing at L5-S1, moderate right and mild left foraminal narrowing at L4-5; and moderate bilateral foraminal narrowing at L3-4), and failure of conservative treatment (activity modification, medications, and physical modalities). However, given no documentation of the specific level(s) to be addressed, there is no documentation of subjective (pain, numbness, or tingling) and objective (sensory changes, motor changes, or reflex changes) radicular findings in each of the requested nerve root distributions, and imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) in what would be the specific level(s) to be addressed. Therefore, based on guidelines and a review of the evidence, the request for lumbar laminectomy and microdiscectomy is not medically necessary.