

Case Number:	CM13-0067777		
Date Assigned:	01/03/2014	Date of Injury:	12/20/2011
Decision Date:	05/28/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/18/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 patient is a 44-year-old female who was injured on December 20, 2011 and sustained an injury to her left wrist, lower back, left hip, left thigh, and left leg as she fell sticking out both hands to reduce the impact of the fall. Prior treatment history has included x-rays, a lumbar MRI, electromyogram (EMG), chiropractic care, physical therapy, medications, and epidural steroid injections, which did not provide her any relief. An MRI of the lumbar spine without contrast dated February 03, revealed an L4-5 extrusion with effacement of the subarticular gutter. Annular fissuring and tiny protrusions are seen L2-3 and L3-4 without direct mass effect. An EMG and nerve conduction study (NCS) dated December 5, 2012 was normal. A clinic note dated September 12, 2013 documented the patient to have complaints of lower back pain with radiation to the left hip, left thigh, and left leg. The pain is associated with numbness, tingling and weakness. The pain is aggravated by bending forward, bending backwards, doing exercises, pushing shopping cart and leaning forward and prolonged sitting, standing or walking. The pain is relieved with rest, medications, heat, ice, and relaxation. A laminectomy with disc decompression for the left L4-L5 disc herniation was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINECTOMY WITH DISC DECOMPRESSION FOR THE LEFT L4-L5 DISC HERNIATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS 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 - Lumbar & Thoracic (Acute & Chronic) Discectomy/ laminectomy

Decision rationale: Regarding the request for laminectomy with disc decompression for the left L4-5 disc herniation, the Occupational Medicine Practice Guidelines state that surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provides faster relief from the acute attack than conservative management. The Official Disability Guidelines supports discectomy/laminectomy if symptoms/findings confirm the presence of radiculopathy including weakness or pain in the dermatomal distribution corresponding with the requested surgical level. Imaging studies should correspond with the radicular findings and the surgical levels being requested. Conservative treatment should be tried for at least 2 months including activity modification, drug therapy (NSAID, other analgesics, muscle relaxants, or epidural steroid injections), and physical methods (physical therapy, manual therapy, or back school). Within the documentation available for review, it appears the patient has undergone conservative treatment, which has been unsuccessful. However, the patient's physical examination findings are identified as occurring in the L5 and S1 distribution. The proposed levels of surgery include the L4/5 level. This level would not address the patient's S1 complaints or objective findings. Additionally, the MRI provided for review does not corroborate with the findings and complaints at the S1 dermatomal distribution. In the absence of clarity regarding those issues, the currently requested L4-5 laminectomy with disc decompression is not medically necessary.