

Case Number:	CM13-0068338		
Date Assigned:	01/03/2014	Date of Injury:	12/30/2008
Decision Date:	05/02/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/19/2013

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 Orthopedic Surgery and is licensed to practice 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 55-year-old claimant with a date of injury of 12/30/08. He has been treated for back and leg pain. He is status post multiple lumbar spine surgeries at the L4-5 and L5-S1 levels with the most recent surgery being an L4 through S1 decompression and fusion in June of 2012. This claimant was status post a previous L3 through L5 right sided decompression in April of 2010. Back and leg complaints have continued. The claimant was evaluated by [REDACTED] in June of 2013 for complaints of low back pain radiating to the right anterior thigh with numbness above the right knee. Examination demonstrated decreased sensation in the right anterior thigh with an otherwise intact neurologic examination. An EMG nerve conduction study was performed, which was indicative of neuralgia paresthetica. Per [REDACTED] note of December of 2013, he felt that the MRI pointed to right sided L3 nerve impingement. The report of an MRI dated 10/17/12 documented no interval change at the L3-4 level with a minimal left paracentral disc protrusion and no evidence of stenosis at this level. Revision surgery for outpatient decompression at the right side of L4-5 was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT DECOMPRESSION REVISION SURGERY FOR THE RIGHT SIDE L3-L4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: The ACOEM Guidelines support decompression and discectomy type surgery for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormal imaging studies with accompanying objective signs of neural compromise. There should be clear, clinical imaging and electrophysiologic evidence of a lesion both the short and long term for surgical repair. Discectomy provides faster relief from an acute attack than conservative management, but any positive or negative effects on lifetime natural history of the underlying disc disease are still unclear. In this case, the EMG was negative for a radicular problem. The physical examination is unconvincing. The most recent MRI demonstrates no objective evidence of a neurocompressive lesion at the right L3-4 level. The request for decompressions revision surgery for the right side L3-4 is not medically necessary and appropriate.