

Case Number:	CM13-0068677		
Date Assigned:	06/13/2014	Date of Injury:	02/01/2000
Decision Date:	07/21/2014	UR Denial Date:	11/27/2013
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 in Orthopedic Surgery, and is licensed to practice in New York. 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 54-year-old male a date of injury of February 1, 2000. The mechanism of injury occurred when he was driving a forklift and his truck at work. Treatment has included medications, physical therapy, back bracing, epidural steroid injections, and facet blocks with temporary relief. Patient has not worked in 5 years. His main complaint is back pain radiating to the right leg with some numbness. The patient is a male with chronic low back pain and also right leg pain. He has not responded to conservative measures to date. On physical examination the patient has tenderness to back palpation with reduced range lumbar spine motion. Motor exam demonstrates normal motor function the bilateral lower extremities with the exception of the right EHL which is 4+ over 5. Sensation is normal in the bilateral lower extremities. There is a positive straight leg raising test on the right. Neurophysiologic testing done in November 2013 show evidence of active L5 radiculopathy. MRI lumbar spine shows L5-S1 4 mm right disc protrusion which mildly impinges on the right S1 nerve root. MRI also shows degenerative disc condition at L3-L5 levels. At issue is whether or not L5-S1 lumbar laminectomy and microdiscectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINECTOMY/MICRODISCECTOMY L5-S1: 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): 305-307.

Decision rationale: This patient does not meet established criteria for L5-S1 lumbar decompression surgery at this time. Specifically, there is no documented S1 neurologic deficit in the lower extremities mentioned in the medical records. Neurophysiologic testing shows L5 active radiculopathy not S1. The imaging studies do not show any evidence of S1 neural compression that is correlated with a specific neurologic deficit on physical examination. In addition, there is no documented radiographic evidence of instability. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. Surgery for lumbar decompression at L5-S1 with discectomy at L5-S1 is not medically necessary in this patient.