

Case Number:	CM13-0069129		
Date Assigned:	01/03/2014	Date of Injury:	01/04/2012
Decision Date:	05/27/2014	UR Denial Date:	12/10/2013
Priority:	Standard	Application Received:	12/20/2013

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 52-year-old male with a 1/4/12 date of injury. At the time (11/8/13) of request for authorization for lumbar microdiscectomy at L4-5 on the right and possible L5-S1 on the right, assistant surgeon, inpatient length of stay, preoperative clearance, and lumbar corset, there is documentation of subjective (worsening low back pain radiating to the right leg) and objective (decreased range of motion of the low back and tenderness over the right posterior thigh) findings, imaging findings (MRI of the lumbar spine (6/7/13) report revealed moderate narrowing of the left neural foramen at L5-S1 and moderate narrowing of the right neural foramen at L4-5), current diagnoses (chronic lumbosacral strain and herniated disc at L4-5 on the right), and treatment to date (lumbar epidural steroid injection, medication, activity modification, and physical therapy). There is no documentation of symptoms/findings (pain, numbness or tingling in a specific nerve root distribution) which confirm presence of radiculopathy and objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MICRODISCECTOMY AT L4-5 ON THE RIGHT AND POSSIBLE L5-S1 ON THE RIGHT, ASSISTANT SURGEON, INPATIENT LENGTH OF STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

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 diagnoses of chronic lumbosacral strain and herniated disc at L4-5 on the right. In addition, there is documentation of imaging (MRI) findings (neural foraminal stenosis) at each of the requested levels and failure of conservative treatment (medication, lumbar epidural steroid injections, activity modification, and physical therapy). However, despite nonspecific documentation of subjective (worsening low back pain radiating to the right leg) radicular findings, there is no documentation of symptoms/findings (pain, numbness or tingling in a specific nerve root distribution) which confirm presence of radiculopathy. In addition, despite documentation of objective findings (decreased range of motion of the low back and tenderness over the right posterior thigh), there is no documentation of objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms. Therefore, based on guidelines and a review of the evidence, the request for lumbar microdiscectomy at L4-5 on the right and possible L5-S1 on the right, assistant surgeon, and inpatient length of stay is not medically necessary.

PRE-OPERATIVE CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for pre-operative clearance is not medically necessary.

LUMBAR CORSET: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for lumbar corset is not medically necessary.