

Case Number:	CM13-0069484		
Date Assigned:	01/03/2014	Date of Injury:	04/27/2002
Decision Date:	06/19/2014	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 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 injured worker is a 31-year-old male who reported an injury on 11/22/2013. The mechanism of injury was not stated. Current diagnoses include lumbar radiculopathy and lumbar spondylosis. The injured worker was evaluated on 11/22/2013. The injured worker reported 7/10 lower back pain with activity limitation. Physical examination revealed an antalgic gait with intact sensation and positive straight leg rising on the left. Treatment recommendations included an L5-S1 disc hemilaminectomy. The injured worker underwent an MRI of the lumbar spine on 11/15/2013, which indicated moderate L5-S1 disc space narrowing with facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L3-S1 HEMILAMINECTOMY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Laminectomy/Discectomy

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electro-physiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state prior to a laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral to physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker's physical examination only revealed an antalgic gait with positive straight leg rising on the left. There is no mention of an exhaustion of conservative treatment. There is no documentation of a referral to physical therapy, manual therapy, or the completion of a psychological screening. Based on the clinical information received, the request for Left L3-S1 Hemilaminectomy is not medically necessary.