

Case Number:	CM13-0070286		
Date Assigned:	01/03/2014	Date of Injury:	09/26/2011
Decision Date:	06/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	12/24/2013

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, was Fellowship trained in Spine Surgery, and is licensed to practice in Texas and 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 38-year-old female who reported an injury on 9/25/11. The mechanism of injury was not stated. Current diagnoses include degenerative disc disease at L4-S1 and facet/ligamentum flavum hypertrophy with left paracentral disc protrusion at L4-5. The injured worker was evaluated on 11/13/13. The injured worker reported lower back pain with radiation to the left lower extremity. Physical examination revealed restricted lumbar range of motion, painful radiation to the left lower extremity, and intact motor and sensory function in the bilateral lower extremities. Treatment recommendations at that time included a left L4-5 laminotomy and discectomy. It is also noted, the injured worker underwent an MRI of the lumbar spine on 7/1/13 which indicated a broad-based disc protrusion with left foraminal component resulting in minimal left foraminal stenosis at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 LAMINOTOMY AND DISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

Decision rationale: The California MTUS/ACOEM guidelines state that surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than one month; extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state that, prior to a discectomy/laminectomy, there should be 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. There is no mention of an attempt at conservative treatment including drug therapy, activity modification, or epidural steroid injections in the medical records provided for review. There was also no mention of a referral to physical therapy, manual therapy, or completion of a psychological screening. The injured worker demonstrated limited range of motion of the lumbar spine with radiating pain to the left lower extremity. Motor and sensory function in the bilateral lower extremities was intact. Based on the clinical information received, the laminotomy and discectomy cannot be recommended as medically necessary.

PRE-OPERATIVE MEDICAL CLEARANCE WITH [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.