

Case Number:	CM13-0070387		
Date Assigned:	01/03/2014	Date of Injury:	01/27/2012
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, 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:

The injured worker is a 59-year-old male who reported a cumulative trauma injury on 01/27/2012. Current diagnoses include lumbosacral radiculopathy, shoulder sprain, and knee sprain. The injured worker was evaluated on 10/17/2013. the injured worker reported persistent lower back pain with radiation to the left lower extremity causing parasthesia and numbness. Physical examination revealed spasm, tenderness, guarding, limited range of motion and decreased sensation in the left L5-S1 dermatomes. Treatment recommendations included authorization for a left L4-5, L5-S1 lumbar micro-decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MICRO-DECOMPRESSION OF RIGHT L4-L5 AND RIGHT L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

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 (ODG), Low Back Chapter, Decompression, Discectomy/Laminectomy.

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 electrophysiological evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state there are 2 types of spine surgery decompression procedures, including microdiscectomy or open decompression discectomy/laminectomy. Prior to a discectomy or 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. As per the documentation submitted, there was no evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis upon imaging study on 05/07/2012. The foramina and lateral recess were said to be patent at all levels. Without objective evidence of right-sided nerve root compression, the current request cannot be determined as medically appropriate. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure.