

Case Number:	CM14-0003143		
Date Assigned:	01/31/2014	Date of Injury:	12/31/2012
Decision Date:	06/19/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	01/09/2014

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 37-year-old male who reported an injury on 12/31/2012. The injured worker reportedly strained his lower back while attempting to lower a patient on a gurney. Current diagnoses include herniated nucleus pulposus at L5-S1 with worsening radiculopathy, neurologic deterioration related to disc protrusion, severe facet syndrome in the lumbar spine, right sacroiliitis, and mild L5-S1 discogenic pain. The injured worker was evaluated on 01/02/2014. The injured worker was status post facet injections on 07/17/2013 with excellent pain relief for 1 month. Previous conservative treatment also includes anti-inflammatory medication, physical therapy, bracing, chiropractic treatment, and acupuncture. Current medications include tramadol, muscle relaxants, and anti-inflammatories. Physical examination revealed a slightly antalgic gait, tenderness to palpation of the lumbar spine, decreased lumbar range of motion, 4/5 strength, slightly diminished S1 sensation, diffuse numbness in the L5 distribution, diminished ankle reflexes, positive straight leg raising on the left, and positive fabere testing on the right. Treatment recommendations at that time included authorization for an L5-S1 discectomy/decompression with neurotomy of the medial branch facets at L4-5 and L5-S1 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

POSTERIOR LUMBAR DISCECTOMY, DECOMPRESSION LEFT L5-S1 AND MEDIAN BRANCH NEUROTOMY AT L4-5, L5-S1 BILATERALLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTOS/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 electrophysiologic evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state prior to a discectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should reveal 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 documentation of a referral to physical or manual therapy, or completion of a psychological screening. As per the documentation submitted, the injured worker has been previously treated with anti-inflammatory medication, physical therapy, bracing, chiropractic treatment, acupuncture, and bilateral facet medial branch blocks. The injured worker does demonstrate positive straight leg raising on the left, diminished sensation, and decreased strength. However, there were no imaging studies or electrodiagnostic reports submitted for this review. Therefore, the injured worker does not currently meet criteria for a lumbar discectomy with decompression. California MTUS/ACOEM Practice Guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain. Similar quality literature does not exist regarding the same procedure in the lumbar region. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. As per the documentation submitted, the injured worker has been previously treated with bilateral facet medial branch nerve blocks on 07/17/2013 with significant improvement in pain. However, there was no objective evidence of functional improvement following the diagnostic medial branch nerve blocks. Therefore, the injured worker does not currently meet criteria for a medial branch neurotomy at L4-5 and L5-S1. Based on the clinical information received, the request is non-medically necessary and appropriate.

PRE-OP MEDICAL CLEARANCE: 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 med necessary, none of the associated services are medically necessary.

ASSISTANT SURGEON: 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 med necessary, none of the associated services are medically necessary.

IN HOSPITAL STAY FOR 4 DAYS: 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 med necessary, none of the associated services are medically necessary.

POST OPERATIVE LSO LUMBAR BRACE: 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 med necessary, none of the associated services are medically necessary.