MAXIMUS Federal Services

Case Number:	CM14-0013810		
Date Assigned:	02/26/2014	Date of Injury:	10/02/2010
Decision Date:	08/25/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	02/03/2014

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, 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:

This is a 41-year-old male patient with a 10/2/10 date of injury. The patient presents with persistent right leg pain. 9/11/13 progress report describes a sudden deterioration in the patient's complaints including headaches, blurry vision, and worsening asthma. 9/3/13 physical exam demonstrates global right lower extremity motor weakness. There was decreased sensation in the right L4 and L5 dermatomes. SLR was positive bilaterally. In December 2012, an EMG/NCV study demonstrated moderate right sub-acute-chronic L2-L4 radiculopathy versus isolated femoral neuropathy. 9/19/13 lumbar MRI demonstrates, at L4-5, loss of disc height with desiccation and suggestion of an annular fissure with a broad-based disc extrusion measuring 4 mm. 12/3/12 lumbar X-rays demonstrate no evidence of any significant listhesis between flexion and extension views. 11/12/13 physical exam demonstrates diminished sensation in the right L4 and L5 dermatomes. Treatment to date has included medication, LSO brace, lumbar ESI, PT, psychological care, activity modification. There is documentation of a previous 1/15/14 adverse determination because clinical evaluation did not correlate with imaging findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 lumbar decompression and laminectomy:

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

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.

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. However, imaging reports did not demonstrate frank nerve root compromise at the proposed decompression level. In addition, electrodiagnostic testing indicates possible root pathologies at levels above the proposed decompression level. Therefore, the request for L4-5 lumbar decompression and laminectomy was not medically necessary.