

Case Number:	CM14-0116167		
Date Assigned:	08/04/2014	Date of Injury:	11/06/2012
Decision Date:	09/24/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/23/2014

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 Occupational Medicine 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:

Patient is a 54-year-old male who has submitted a claim for thoracic/lumbosacral radiculitis and spinal stenosis associated with an industrial injury date of 10/6/2012. Medical records from 2014 were reviewed. Patient complained of low back pain radiating to the lower extremity, associated with numbness and tingling sensation. Physical examination showed restricted range of motion of the lumbar spine. Straight leg raise test was positive. Muscle strength of extensor hallucis longus and gastrocnemius was graded 4/5 bilaterally. Achilles reflexes were absent. Sensation was diminished at L5 to S1 dermatomes. MRI of the lumbar spine, dated 8/11/2014, demonstrated diffuse disc bulge of 2 to 3 mm at L4 to L5 and L5 to S1 levels with minimal narrowing of spinal canal and neural foramina bilaterally. Treatment to date has included epidural Steroid injections x 2 (resulting to 30% symptom relief), 12 sessions of physical therapy, and medications. Utilization review from 7/14/2014 denied the request for posterior lumbar laminectomy and foraminotomy at L4 to S1 because of lack of documentation of failure in conservative management.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Laminectomy and Foraminotomy at L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Page 127 Official Disability Guidelines (ODG) Low Back Section, Laminectomy / Discectomy.

Decision rationale: Regarding lumbar surgery, pages 305 - 307 of CA MTUS ACOEM Guidelines state that lumbar surgical intervention is recommended for patients who have: severe lower leg symptoms in the distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations for more than one month; clear imaging of a lesion; and failure of conservative treatment to resolve disabling radicular symptoms. In addition, ODG states that unequivocal objective findings are required based on neurological examination and testing. In this case, patient complained of low back pain radiating to the lower extremity, associated with numbness and tingling sensation. Physical examination showed positive straight leg raise test, weakness of extensor hallucis longus and gastrocnemius, absent Achilles reflexes, and dysesthesia at L5 to S1 dermatomes. Symptoms persisted despite epidural steroid injections x 2 (resulting to 30% symptom relief), 12 sessions of physical therapy, activity restrictions, and medications. However, MRI of the lumbar spine, dated 8/11/2014, demonstrated only minimal findings of 2 to 3 mm disc bulge at L4 to L5 and L5 to S1 levels with minimal narrowing of the spinal canal and neural foramina bilaterally. Guideline criteria were not met. Therefore, the request for posterior lumbar laminectomy and foraminotomy at L4 to S1 is not medically necessary.