

Case Number:	CM14-0117640		
Date Assigned:	08/06/2014	Date of Injury:	04/16/2014
Decision Date:	09/10/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/25/2014

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 44-year-old male sustained an industrial injury on 4/16/14. Injury occurred while pulling some wire on the ground with onset of low back pain and development of severe left lower extremity pain. The 4/17/14 lumbar spine x-rays documented osteophyte formation anteriorly of the most inferior lumbar vertebral bodies. There was no acute abnormality or misalignment. The 6/3/14 lumbar MRI impression documented moderate central canal stenosis at L4/5 with mild to moderate left neuroforaminal stenosis. The exiting left L4 nerve appeared enlarged and possibly inflamed. There was a central disc extrusion at L5/S1 with caudal extension that may touch the left S1 nerve root sleeve and mild left neuroforaminal stenosis. The 6/20/14 neurosurgical report cited on-going low back pain with moderate pain in the lateral aspect of the legs proximally and anterior aspect of the legs distally. There was progressive and significant left leg weakness mostly in the quadriceps, with some dorsiflexion weakness. He complained of left quadriceps atrophy and weakness when walking that caused him to fall. There was severe numbness in the knees and shins. Formal treatment had not been attempted due to the severity of his symptoms. He denied any bowel or bladder complaints. Gait was mildly labored and he used a cane due to left leg weakness. There was obvious left quadriceps atrophy. There was 4/5 left quadriceps weakness and 4+/5 left dorsiflexion weakness. Left patellar reflex was diminished. Due to the severity of the leg weakness, quadriceps atrophy and pain, the neurosurgeon opined that the patient should not undergo epidural injection or further conservative treatment. The recommendation was for nerve root decompression with a far lateral, minimally invasive approach at L4/5 and L5/S1 on the left. The 7/8/14 utilization review denied the request for lumbar surgery as there as no evidence of red flags or aggressive attempts at conservative treatment. The 7/18/14 appeal letter from the neurosurgeon indicated that the MRI showed significant nerve root compression and the patient had fairly significant neurologic findings with

quadriceps weakness, atrophy and pain. The pain management physician declined to administer epidural injections because of severe leg weakness. Ambulation is becoming more difficult and the left leg was weaker. The neurosurgeon requested reconsideration of surgical intervention and expressed concern that delay may result in permanent leg weakness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left far Lateral L4-L5, L5-S1 Minimally Invasive Decompression: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): page(s) 202-211.

Decision rationale: The California MTUS guidelines recommend lumbar decompression for patients with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. Guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. Guideline criteria have been met. This patient presents with significant lower extremity pain, progressive weakness, and clinical exam findings consistent with nerve root compression and imaging findings. Reasonable conservative treatment has been attempted. Therefore, this request for left far lateral L4-L5, L5-S1 minimally invasive decompression is medically necessary.