

Case Number:	CM14-0118637		
Date Assigned:	08/06/2014	Date of Injury:	06/10/2010
Decision Date:	10/22/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/29/2014

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:

According to the records made available for review, this is a 54-year-old female with a 6/10/10 date of injury and status post bilateral L4-L5 and L5-S1 laminoforaminotomy on 5/29/13. At the time (5/13/14) of request for authorization for L2-L4 Decompression, there is documentation of subjective findings included constant severe mechanical axial back pain and marked bilateral leg radiculopathy including pain, numbness and weakness. There is documentation of objective findings consisting of decreased motor strength of the bilateral iliopsoas, quadriceps, hamstrings, extensor hallucis longus, and gastrocnemius muscles; and decreased sensation over the L4, L5 and S1 dermatomal distributions. The imaging findings included a magnetic resonance imaging of the lumbar spine report revealed spinal canal narrowing as well as bilateral neuroforaminal narrowing at L2-3; spinal canal narrowing as well as bilateral neuroforaminal narrowing at L3-4; marked spinal canal narrowing as well as bilateral lateral recess and left greater than right neuroforaminal narrowing, and impingement on the L4 exiting nerve roots at L4-5; and right partial laminectomy defect, neuroforaminal narrowing, and impingement on the L5 exiting nerve roots at L5-S1). The current diagnoses include a recurrent disc herniation at L4-5 and L5-S1 with high-grade foraminal stenosis bilaterally, significant disc herniation at L2-3 and L3-4 with bilateral foraminal stenosis and discogenic changes, and status post bilateral L4-L5 and L5-S1 laminoforaminotomy and microdiscectomy on 5/15/13. The treatment to date includes physical modalities, medications, and activity modification. There is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-L4 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Fusion

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

Decision rationale: The MTUS reference to ACOEM identifies documentation of 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; and Failure of conservative treatment, as criteria necessary to support the medical necessity of laminotomy. The ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of recurrent disc herniation at L4-5 and L5-S1 with high-grade foraminal stenosis bilaterally, significant disc herniation at L2-3 and L3-4 with bilateral foraminal stenosis and discogenic changes, and status post bilateral L4-L5 and L5-S1 laminoforaminotomy and microdiscectomy on 5/15/13. In addition, there is documentation of objective (sensory and motor changes) radicular findings in each of the requested nerve root distributions, imaging (MRI) findings (central canal stenosis and neural foraminal stenosis) at each of the requested levels, and failure of conservative treatment (activity modification, medications, and physical modalities). However, despite nonspecific documentation of subjective findings (constant severe mechanical axial back pain and marked bilateral leg radiculopathy including pain, numbness and weakness), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) radicular findings in each of the requested nerve root distributions. Therefore, based on guidelines and a review of the evidence, the request for L2-L4 Decompression is not medically necessary.