

Case Number:	CM14-0126553		
Date Assigned:	08/13/2014	Date of Injury:	05/05/2014
Decision Date:	09/11/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/10/2014

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:

The claimant is a 44-year-old male who sustained a vocational injury on 05/05/14 when he developed back pain while pushing a dumpster. The claimant report of an MRI of the lumbar spine dated 06/18/14 showed at the L3-4 level a central disc protrusion and mild degenerative changes resulting in mild to moderate canal stenosis. There was mild bilateral foraminal stenosis at the L3-4 and L4-5 level. An office note from 07/03/14 noted that the claimant had continued low back pain that radiated into the right greater than left lower extremity. On exam, he had decreased pinprick sensation on the right L4 and L5 nerve root distribution. He had slightly decreased strength in the quads on the right compared to the left. He had increased discomfort with Valsalva maneuvers. Diagnosis was L3-4 posttraumatic disc herniation with right greater than left L4 nerve root impingement. Conservative treatment to date includes antiinflammatory medications, mild analgesics, modification of activity and exercise. The current request is for a right L3-4 laminotomy with an assistant surgeon and an overnight stay at [REDACTED].

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 Laminotomy with an assistant surgeon with an overnight stay at [REDACTED].
[REDACTED] .: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back chapter: Hospital length of stay (LOS) and Surgical Assistant.

Decision rationale: California MTUS A Guidelines do not recommend the proposed surgery for right L3-4 laminotomy. According to the ACOEM Guidelines, prior to considering surgical intervention in the form of a laminotomy, there should be failure of conservative treatment to resolve disabling and radicular symptoms which should include formal physical therapy. There is no documentation of this in the records. ACOEM Guidelines also recommend activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms which is currently not documented in the documents presented for review. There should also be electrophysiologic evidence along with diagnostic imaging evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. Currently, there is no documentation of electrophysiologic evidence of pathology at the request of the level of surgical intervention. Therefore, based on the documentation presented for review and in accordance with California MTUS.A Guidelines, the request for the right L3-4 laminotomy cannot be considered medically necessary and subsequently the request for an assisted surgeon and overnight stay cannot be considered medically necessary.

Pre-op Evaluation, Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACC/AHA 2007 GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation X American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7, page 127.

Decision rationale: The request for the right L3-4 laminotomy is not recommended as medically necessary. Therefore, the request for preoperative evaluation of labs cannot be considered medically necessary.