

Case Number:	CM14-0128877		
Date Assigned:	08/18/2014	Date of Injury:	04/30/2013
Decision Date:	09/15/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/13/2014

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 57-year-old gentleman who injured his in a work related accident on April 30, 2013. The documentation provided for review indicates that the claimant has failed conservative care including lumbar epidural injections, medication management, physical therapy and activity restrictions. The report of the 05/13/14 flexion and extension radiographs showed no evidence of instability. The report of the June 1, 2014 MRI showed degenerative changes at L4-5 and L5-S1 with posterior disc protrusions at L2-3, L4-5 and L5-S1 and noted not to identify any change from the previous MRI scan and no indication of acute compressive pathology noted. The follow up report of July 7, 2014 revealed continued low back and radiating left leg pain with examination showing L4-5 tenderness and pain over the sciatic notch. There was 5/5 motor strength, normal sensation and no reflexive changes. Based on the claimant's failed conservative care, the recommendation was made for two level decompressive procedure at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 hemilaminotomy with lateral recess and decompression Left L5-S1 hemilaminotomy with discectomy: 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 Disability Guidelines: Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter Hemilaminectomy

(Gibson-Cochrane, 2000) (Buttermann, 2004) Official Disability Guidelines: Indications for Surgery --Discectomy/ laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on California ACOEM Guidelines, the request for left L4-5 hemilaminotomy with lateral recess and decompression and left L5-S1 hemilaminotomy with discectomy is not recommended as medically necessary. ACOEM Guidelines recommend surgical discectomy for carefully selected patients with nerve root compression. The medical records do not identify any evidence of significant compressive pathology at the L4-5 or L5-S1 levels to necessitate the need for a two level decompressive procedure. Also, the claimant's physical examination does not show any evidence of motor, sensory or reflexive changes of the lower extremities. Without clinical correlation between compressive findings on examination and imaging, the acute need of the two level procedure would not be supported.