

Case Number:	CM14-0130825		
Date Assigned:	08/20/2014	Date of Injury:	03/18/2009
Decision Date:	09/30/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/15/2014

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 61 year old male with an industrial injury dated 03/18/09. MRI of 05/25/10 states the patient had evidence of developmental narrowing of the AP diameter of the spinal canal from L3-L5. There was also mild central canal stenosis at L3-4, and L4-5, with minimal disc bulges. The magnetic resonance imaging (MRI) also provided evidence of a bilateral facet arthropathy and the congenital canal narrowing. The patient has undergone epidurals in the spine in which provided temporary pain relief; but no documentation of any conservative treatments since 2011. Exam note 07/17/14 states the patient continues to have low back pain that is radiating to the bilateral lower extremities. In physical exam the patient demonstrated limited range of motion, sensation was intact, with a 5-/5 strength in the ankle dorsiflexion. Treatment includes a lumbar laminectomy, and microdiscectomy at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy and microdiscectomy L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Microdiscectomy; Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/laminectomy.

Decision rationale: American College of Occupational and Environmental Medicine (ACOEM) Low back complaints, page(s) 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the Official Disability Guidelines (ODG) Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note from 7/17/14 does not document progressive symptoms or a clear lumbar radiculopathy. In addition the magnetic resonance imaging (MRI) report from 5/25/10 is over 4 years old and does not have clear evidence of neural compression. Therefore the guideline criteria have not been met and determination is not medically necessary and appropriate.