

Case Number:	CM14-0154191		
Date Assigned:	09/23/2014	Date of Injury:	01/08/2010
Decision Date:	11/26/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/22/2014

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 53-year-old female with a 1/8/10 date of injury. At the time (8/4/14) of request for authorization for L4-L5 decompression, fusion, and instrumentation of the low back, there is documentation of subjective complaints of low back pain with radicular pain in the buttocks and legs. Objective findings include tenderness over the paraspinal muscles with spasm, decreased range of motion, hypoesthesia at the anterolateral aspect of the foot and ankle (L5-S1 dermatome distribution), weakness of big toe dorsiflexor and plantar flexor, and positive bilateral straight leg raising test. The imaging findings from the reported MRI of the lumbar spine (undated) revealed multilevel disc protrusions. The current diagnoses include lumbar disc herniation with radiculitis/radiculopathy. Treatments to date are medications, physical therapy, and epidural steroid injection. There is no documentation of an imaging report findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis); and an indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 decompression, fusion and instrumentation of the low back: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy

Decision rationale: 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; failure of conservative treatment; and an indication for fusion (instability or a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. Official Disability Guidelines (ODG) identifies documentation of symptoms/findings, which confirm presence of radiculopathy, objective findings that correlate with symptoms, and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of a diagnosis of lumbar disc herniation with radiculitis/radiculopathy. In addition, there is documentation of failure of conservative treatment (medications, physical therapy, and epidural steroid injection). Furthermore, given documentation of subjective complaints and objective findings, there is documentation of severe and disabling lower leg symptoms. However, despite documentation of medical report's reported imaging findings (multilevel disc protrusions), there is no documentation of an imaging report findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis). In addition, there is no documentation of an indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on guidelines and a review of the evidence, the request for L4-L5 decompression, fusion, and instrumentation of the low back is not medically necessary.