

Case Number:	CM14-0159069		
Date Assigned:	10/02/2014	Date of Injury:	07/22/1989
Decision Date:	11/04/2014	UR Denial Date:	08/30/2014
Priority:	Standard	Application Received:	09/29/2014

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 Spine Surgeon, and is licensed to practice in Texas. 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 injured worker is a 68-year-old male who reported an injury on 07/22/1989. The mechanism of injury was not stated. The current diagnosis is stenosis with claudication. The injured worker was evaluated on 08/06/2014. Previous conservative treatment is noted to include medications and physical therapy. Physical examination revealed right quadriceps weakness and diminished patellar tendon reflexes. Limited range of motion of the lumbar spine was also noted on that date. Treatment recommendations included surgical decompression. A Request for Authorization form was then submitted on 08/20/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 07/25/2013, which indicated a broad based disc protrusion at L3-4 causing severe lateral recess stenosis and moderate central stenosis. Mild central and lateral recess stenosis was also noted at L4-5 due to disc bulging and facet hypertrophy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3-4, L4-5 decompression and possible discectomy.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Low Back Chapter, Discectomy/Laminectomy

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines recommend a discectomy when there is objective evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be documentation of the completion of physical therapy, manual therapy, or a psychological screening. Although there is documentation of quadriceps weakness, decreased reflexes in the lower extremity, and limited lumbar range of motion. There is no documentation of an exhaustion of the above mentioned conservative treatments. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically appropriate at this time.