

Case Number:	CM14-0170247		
Date Assigned:	10/20/2014	Date of Injury:	01/14/2014
Decision Date:	11/20/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/15/2014

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 Spine Surgery 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 40-year-old female who reported an injury on 01/14/2014. The diagnosis included lumbar radiculitis and cervical radiculitis. The mechanism of injury was the injured worker fell into a hole with her right leg and struck her low back as she fell onto her left arm. The injured worker underwent a MRI of the lumbar spine without contrast; the date was illegible. The study revealed at L3-4, there was a mild left far lateral disc protrusion causing mild left neural foraminal narrowing. There was a small L4-5 left paracentral disc protrusion causing mild left lateral recess stenosis. There was mild degenerative disc disease. The injured worker underwent a MRI of the cervical spine without IV contrast on 06/18/2014. At the level of C6-7, there was a broad based central and left foraminal protrusion with mild central canal stenosis and moderate left foraminal stenosis. Other therapies included physical therapy and chiropractic care. The documentation of 10/02/2014 revealed the injured worker had complaints of back pain, leg pain with leg numbness and tingling, and numbness and shoulder pain. The injured worker's medications included hydrocodone 5/325 as well as Naproxen 500 mg and Vicodin 5/300 mg. Prior surgical history was noted to be noncontributory. The documentation indicated the injured worker was helped slightly with chiropractic treatments. The physical examination of the neck revealed muscle rigidity. The injured worker had decreased range of motion of the cervical spine. The injured worker had tenderness and left paraspinal spasm in the back. The low back examination additionally revealed decreased range of motion and pain with flexion. The motor examination revealed extension strength of 4/5 of the left elbow and the left knee. The reflexes in the triceps were 1/4 and the injured worker was noted to have a shuffling gait. The injured worker had a positive left straight leg raise. Treatment plan included surgical intervention at C6-7, L4-5, and L3-4. There was a detailed Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left C6-7 laminectomy and discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines- neck and upper back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-180.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have persistent, severe, and disabling shoulder or arm symptoms. There should be documentation of activity limitations for more than 1 month or with the extreme progression of symptoms. There should be clear clinical, imaging, and electrophysiologic evidence consistently indicating the same lesion that has been shown to benefit from surgical repair in both the short and long term. There should be documentation of unresolved radicular symptoms after receiving conservative treatment. The injured worker had objective clinical findings. The clinical documentation submitted for review failed to provide the injured worker had MRI findings and electrodiagnostic evidence of a lesion in the neck. Given the above, the request for Left C6-7 laminectomy and discectomy is not medically necessary.

Left L3-4, L4-5 laminectomy and discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had failed conservative care. The injured worker had objective findings on examination. However, there was a lack of documentation indicating the injured worker had imaging and

electrophysiologic evidence to support the necessity for surgical intervention. Given the above, the request for Left L3-4, L4-5 laminectomy and discectomy is not medically necessary.