

Case Number:	CM14-0171949		
Date Assigned:	10/31/2014	Date of Injury:	05/03/2013
Decision Date:	12/16/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/17/2014

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 Surgeon, has a subspecialty in Spine Surgeon 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 21-year-old male with a 5/3/13 date of injury. At the time (9/12/14) of request for authorization for Lumbar decompression at Left L4-L5 level, Anesthesia, [REDACTED], History & Physical (H&P), Assistant, [REDACTED] PA, Physical therapy 3 x 4, Post-op, Norco 10/325mg #60, Tramadol 50mg #60, Tramadol HCL ER 150mg #30, Anaprox 550mg #60, and Keflex 500m #28, there is documentation of subjective (low back pain with left lower extremity symptoms) and objective (tenderness to palpitation over the lumbar spine, decreased range of motion of the lumbar spine, and positive straight leg raise on the left) findings, imaging findings (MRI of the lumbar spine (6/25/14) report revealed right paracentral protrusion at L4-5 causing narrowing of the right lateral recess and likely contracting the traversing right L5 nerve root, and no foraminal stenosis is seen), current diagnoses (displacement of lumbar intervertebral disc without myelopathy and degeneration of lumbar intervertebral disc), and treatment to date (physical therapy, epidural steroid injections, and medications (including ongoing treatment with Norco since at least 8/3/13)). Regarding Lumbar decompression at Left L4-L5 level, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy); activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; symptoms/findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy; objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression at Left L4-L5 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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 Guidelines 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; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) 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 diagnoses of displacement of lumbar intervertebral disc without myelopathy and degeneration of lumbar intervertebral disc. In addition, there is documentation of failure of conservative treatment. Furthermore, given documentation of imaging findings (MRI of the lumbar spine report identifying right paracentral protrusion at L4-5 causing narrowing of the right lateral recess and likely contracting the traversing right L5 nerve root, and no foraminal stenosis is seen), there is documentation of radicular findings on radiologic evaluation . However, there is no documentation of severe and disabling lower leg symptoms and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. In addition, despite nonspecific documentation of subjective findings (low back pain with left lower extremity symptoms) and given documentation of objective findings (tenderness to palpitation over the lumbar spine, decreased range of motion of the lumbar spine, and positive straight leg raise on the left), there is no documentation of Symptoms/Findings ((pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy and objective findings (sensory changes, motor changes, or reflex changes)) that correlate with symptoms. Therefore, based on guidelines and a review of the evidence, the request for Lumbar decompression at Left L4-L5 level is not medically necessary.

Associated Surgical Service: Anesthesia, [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: History & Physical (H&P): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Assistant, [REDACTED] Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Physical therapy 3 x 4, Post-op: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Tramadol 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

Associated Surgical Service: Tramadol HCL ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Anaprox 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: Keflex 500m #28: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.