

Case Number:	CM14-0176327		
Date Assigned:	10/29/2014	Date of Injury:	04/13/2006
Decision Date:	12/05/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/24/2014

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 54-year-old male who reported injury on 04/13/2006. The mechanism of injury was a lifting injury. The injured worker's medications included Norco 10/325 every 6 hours as needed, nabumetone 750 mg 1 x2 daily, and cyclobenzaprine hydrochloride tablets 7.5 mg 1 at bedtime, gabapentin 600 mg 1 tablet 3 times a day, Prilosec 20 mg 1 tablet 1 to 2 times daily and compounded topical creams. Other therapies included medications and a TENS unit. The injured worker underwent an epidural steroid injection. The diagnostics included the injured worker underwent an EMG/NCV of the bilateral lower extremities on 07/05/2011 revealing normal results with the exception of a possible left tibial and sural neuropathy. The injured worker underwent an EMG of the bilateral lower extremities on 11/25/2013 which revealed evidence of moderate to right lumbar radiculopathy at L5. There was no electrodiagnostic evidence of mononeuropathy, lumbosacral plexopathy or polyneuropathy. The injured worker underwent an MRI of the lumbar spine on 07/10/2014 which revealed at the level of L4-5 there was mild to moderate circumferential disc bulging with mild bilateral facet arthropathy and ligamentum flavum thickening causing mild left neural foraminal narrowing, partial effacement of the bilateral recesses with disc material contacting the bilateral descending L5 nerve roots and mild spinal canal stenosis. The injured worker underwent a lumbar spine x-ray on 07/10/2014 which revealed normal alignment. The surgical history was not provided. Documentation of 07/10/2014 revealed the injured worker had decreased range of motion due to pain and stiffness. The injured worker had a positive straight leg raise bilaterally. The injured worker had weakness of 4/5 in the right plantar and dorsiflexion. The sensation was intact to light touch throughout the bilateral lower extremities. The deep tendon reflexes were bilaterally symmetrical. The diagnoses included chronic pain due to trauma, lumbago, and lumbosacral root lesions not elsewhere classified. The treatment plan included a re-evaluation by the spine surgeon.

Documentation of 08/07/2014 revealed the injured worker followed up and would be going through an L4-5 spinal decompression before fusion. There was no request for authorization submitted for review nor was the requesting physician's documentation submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar decompression instrumentation L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back: Lumbar & Thoracic (Acute & Chronic) Chapter

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 failed to provide electrophysiologic evidence to support the necessity for surgical intervention. The physical examination revealed the injured worker had 4/5 weakness on the right with plantar and dorsiflexion. The injured worker had a positive bilateral straight leg raise. However, there was a lack of documentation indicating a radiation of pain. The sensory examination and deep tendon reflexes were within normal limits. There was a lack of documentation of a failure of conservative care. Given the above, the request for microlumbar decompression instrumentation L4-5 is not medically necessary.