

Case Number:	CM14-0180763		
Date Assigned:	11/05/2014	Date of Injury:	08/05/2014
Decision Date:	12/10/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 08/05/14 when, while working as a narcotics officer, he was getting out of his car and felt low back pain. He then had severe spasms after bending. An x-ray of the lumbar spine on 08/07/14 showed degenerative changes. He was seen on 08/14/14. He was having back pain radiating into the right leg. Physical examination findings included normal strength and sensation. The examination was limited due to pain. There was a positive right straight leg raise. Medications were prescribed. An MRI of the lumbar spine on 09/10/14 included findings of a right lateralized L5-S1 disc protrusion with severe right L4-5 foraminal stenosis and canal stenosis with an L4-5 central disc extrusion. On 09/16/14 he was having ongoing symptoms with lower extremity numbness and tingling and occasional weakness. There was a positive right straight leg raise. Imaging results were reviewed and he was referred for a neurosurgery evaluation. He was seen for the evaluation on 10/02/14. He had a history of several years of progressive as well as intermittent activity related low back and right lower extremity pain. His history of increased symptoms in August was reviewed. He was having constant back pain radiating into the leg. Treatments had included chiropractic care and Aleve. Physical examination findings included moderate to severe restricted lumbar spine flexion. Straight leg raising was negative. Lower extremity strength, sensation, and reflexes were normal. Imaging results were reviewed. Treatment options including injections and surgery were discussed. Authorization for an L4/5 and L5/S1 lumbar decompression was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar L4/L5 and L5/S1 decompressive surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar & Thoracic (Acute & Chronic), Discectomy/laminectomy

Decision rationale: The claimant is approximately 4 months status post exacerbation of low back and radiating leg pain. When seen by the requesting provider, treatments had included chiropractic care and medications. There was a normal neurological examination. Discectomy/laminectomy is recommended for carefully selected patients with radiculopathy. Criteria for the requested procedure include objective findings on examination. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging and there should be evidence of nerve compression with weakness, atrophy, or pain in an expected distribution. There should be concordance between radicular findings on radiologic evaluation and physical exam findings. There should be a failure of at least 2 months of conservative treatments to include activity modification, medications, and either physical therapy including a home exercise program or manual therapy provided by either a chiropractor or massage therapist. In this case, the requesting provider documents a normal neurological examination and there is no evidence of failure of at least 2 months of conservative treatments. Therefore, the requested surgery is not medically necessary.