

Case Number:	CM14-0021783		
Date Assigned:	05/09/2014	Date of Injury:	06/27/2013
Decision Date:	07/09/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/21/2014

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 Orthopaedic Surgery 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:

This 26-year-old male emergency room technician sustained an industrial injury on 6/27/13 lifting a patient from the floor to a gurney. The 7/12/13 lumbar spine MRI impression revealed disc protrusion at L5/S1 which abutted, but did not fully compress the traversing sacral nerve roots. There was disc desiccation and annular tear with broad based disc protrusion centered in the left paracentral recess. This created moderate left neuroforaminal stenosis with mild central canal and mild right neuroforaminal stenosis. Conservative treatment included physical therapy, epidural steroid injections x 2, anti-inflammatories, analgesics, anti-epileptic medication, muscle relaxants, acupuncture, home exercise, and cognitive behavioral therapy. The 1/7/14 consultant report cited a 6-month history of low back pain radiating into both thighs, extending down the posterior thighs to the knees and occasionally down the legs, right more than left. Back pain seemed to be severe, with dull aching pain down the leg. There was no lower extremity numbness, tingling or weakness, or bowel or bladder changes. There was aching, numbness and tingling in the groin area that improved after the epidural injections. Physical exam findings documented normal gait, mild to moderate lower lumbar discomfort, limited lumbar flexion/extension due to pain, normal lower extremity motor function, symmetrical lower extremity reflexes, and mildly positive right nerve tension sign. The MRI from July 2013 showed normal lordosis and disc findings throughout except L5/S1 where there was mild decrease of the disc height with disc protrusion into the canal and annular tear, as well as moderate loss of L5/S1 disc hydration. The provider documented a discussion regarding laminotomy, discectomy and decompression. The 2/5/14 treating physician report cited on-going back pain traveling down into the legs. Symptoms were related to an L5/S1 disc herniation. The patient was taking Norco and Neurontin which helped with daily function. The patient was not able to return to work modified duty as his employer could not accommodate restrictions. Exam findings documented

bilateral L5/S1 paraspinal tenderness to palpation, pains at extremes of flexion/extension, and positive bilateral slump test. The provider recommended surgery as recommended. The 2/19/14 utilization review denied the request for lumbar surgery as there was limited documentation of significant neurologic deficits as a pattern consistent with the L5/S1 distribution and the MRI findings did not show sufficient evidence of nerve root compression. The 3/5/14 treating physician report stated the patient had on-going pain traveling into both legs relative to an L5/S1 disc herniation. Pain was 7/10 with functional benefit noted with Norco and Neurontin. Exam findings documented low back paraspinal spasms, tenderness to palpation bilateral L5/S1 paraspinals, limited range of motion, intact motor and reflexes, and positive Slump test bilaterally. The treating physician requested appeal of the surgical denial. He stated that the MRI does show L5/S1 disc protrusion abutting the exiting nerve root and resulting in moderate left and mild right foraminal narrowing. The 3/13/14 utilization review documented a peer discussion and denied the surgical request, as there was insufficient evidence of specific neurologic deficits in the dermatomal distribution to support the surgical request consistent with guideline criteria for unequivocal objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINOTOMY, DISCECTOMY AND DECOMPRESSION: 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, Discecomty/Laminectomy.

Decision rationale: The Official Disability Guidelines recommend criteria for decompression surgery (lumbar discectomy and laminectomy) that includes symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. The ODG state that unequivocal objective findings are required based on neurological examination and testing. Guideline criteria have not been met. There is no documentation of specific neurologic deficit in a dermatomal distribution to support the medical necessity of this request. The clinical records do not provide documentation of unequivocal objective findings of nerve root compression consistent with imaging findings. Therefore, the request for lumbar laminotomy, discectomy and decompression is not medically necessary and appropriate.

PREOPERATIVE CBC: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

POSTOPERATIVE PHYSICAL THERAPY 2 6 ON THE LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.

ASSISTANT SURGEON/PA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As the request for lumbar laminotomy, discectomy and decompression is not medically necessary, the request for assistant surgeon/PA is also not medically necessary.