

Case Number:	CM14-0028232		
Date Assigned:	04/07/2014	Date of Injury:	06/17/2011
Decision Date:	05/09/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	01/15/2014

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 Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and 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:

The injured worker is a 52-year-old male who reported an injury on 06/17/2011 for an unintentional bump by a fellow coworker which reportedly caused injury to his low back. The injured worker's treatment history included physical therapy, medications, and epidural steroid injections. The injured worker underwent an MRI (magnetic resonance imaging) of the lumbar spine on 11/06/2013. The MRI impressions included a disc bulge at the L2-3 which caused moderate posterolateral displacement of the exiting right L2 nerve root and central canal stenosis with moderate attenuation of the thecal sac, an anterolisthesis at the L4 on the L5 with mild central canal stenosis, an L3-4 disc bulge with mild central canal stenosis, and mild central canal stenosis from the L2 through the L4. The injured worker was evaluated on 12/09/2013. Physical findings included numbness in the top part of the injured worker's foot with relatively good strength in the anterior tibialis and extensor hallucis longus muscle on the right side. It was also documented that the injured worker reported low back pain radiating into the lower extremity in the L5 nerve distribution. The injured worker's diagnoses included lumbago and lumbar radiculopathy. The injured worker's treatment plans included L4-5 decompression intraforaminally and then follow the L5 nerve root out extraforaminally to determine nerve root irritation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 DECOMPRESSION INTRAFORAMINALLY AND FOLLOW THE L5 NERVE ROOT OUT EXTRAFORAMINALLY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The American College of Occupational and Environmental Medicine recommend surgical intervention for patients who have significantly impaired functionality, evidence of radiculopathy upon examination corroborated by an imaging study. The clinical documentation submitted for review does support that the injured worker has nerve root involvement at the L5 level. The injured worker has disturbed sensation in the L5 distribution. However, the clinical documentation does not clearly address how the injured worker's functional capability is significantly impaired and requires surgical intervention as the injured worker does not have any evidence of motor strength weakness or decreased reflexes upon examination. Therefore, surgical intervention at this time would not be supported. As such, the requested L4-5 decompression intraforaminally and follow the L5 nerve root out extraforaminally is not medically necessary or appropriate.