

Case Number:	CM14-0029378		
Date Assigned:	06/20/2014	Date of Injury:	10/13/2010
Decision Date:	07/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/07/2014

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 41-year-old who reported an injury on October 13, 2010. The mechanism of injury was not stated. The current diagnoses include post laminectomy syndrome and left L5 radiculitis. The injured worker was evaluated on January 24, 2014 with complaints of radiating left lower extremity pain. It is noted that the injured worker underwent a 2 level lumbar fusion. Physical examination on that dated revealed positive straight leg raising on the left, diminished range of motion, and mild weakness in the left ankle. Treatment recommendations at that time included lumbar hardware removal and a lumbar laminectomy to explore the left L5 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY TO EXPLORE THE LEFT L5 NERVE ROOT.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Online Version, Laminectomy Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: The Low Back Complaints Chapter of the ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms, activity limitations for more than one month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral to physical therapy, manual therapy, or the completion of a psychological screening. As per the documentation submitted, the injured worker's physical examination only revealed positive straight leg raising on the left with left lower extremity weakness. There was no mention of an exhaustion of conservative treatment to include activity modification, drug therapy, epidural steroid injections, physical therapy, or manual therapy. The request for a lumbar laminectomy to explore the left L5 nerve root is not medically necessary or appropriate.