

Case Number:	CM14-0031867		
Date Assigned:	06/20/2014	Date of Injury:	04/18/2011
Decision Date:	07/17/2014	UR Denial Date:	02/26/2014
Priority:	Standard	Application Received:	03/13/2014

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 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 49-year-old male sustained an industrial injury on 4/18/11, picking up metal structures that fell off his truck. He was status post left l4/5 and l5/s1 discectomy and decompression on 4/29/13. The 12/3/13 lumbar spine mri impression documented left sided laminectomies at l4/5 and l5/s1. There was a broad based disc protrusion at l3/4 with moderate central canal stenosis and impingement on the l4 nerve roots within the lateral recess bilaterally. The l3/4 disc partially extended into the exit zone of the neural foramen on the left and compresses the l3 nerve root causing severe neuroforaminal stenosis. There was mild l3/4 right neuroforaminal stenosis and mild bilateral facet arthrosis. At l4/5, there was a broad based left paracentral disc protrusion extending to the neural foramen with persistent mild central canal stenosis, some granulation tissue, severe left neuroforaminal stenosis with compression of the exiting l4 nerve root, marked narrowing of the left lateral recess, and mild to moderate right neuroforaminal stenosis. At l5/s1, there was a left sided laminectomy with findings suggestive of a residual disc fragment in the left epidural space. There was severe degenerative disc disease, most pronounced on the right with mild endplate edema, mild impingement on the left sided thecal sac and mass effect on the right s1 nerve root within the thecal sac, moderate to severe bilateral facet arthrosis, and severe right neuroforaminal stenosis with compression of the exiting l4 nerve root and mild left neuroforaminal stenosis. The 2/4/14 orthopedic report cited worsening back pain radiating into the lower extremity, left greater than right with numbness and paresthesias. A lumbar epidural steroid injection on 1/27/14 provided relief for 3 days. Physical exam findings documented 4/5 left hip and knee muscle weakness and left leg numbness. The patient was noted to be a left below the knee amputee. A redo

microdiscectomy was recommended at L3/4 and L4/5 on the left. The 2/26/14 utilization review denied the request for lumbar surgery as there were various aspects of the care that needed clarification. The request for surgery indicated a re-do of the L3/4 and L4/5 levels on the left, but prior surgery appeared to have been performed at L4/5 and L5/S1. The varying symptoms and physical findings had been documented since 6/25/12 and the MRI findings and prior procedural aspects did not correlate with the current request for surgery.

Imr issues, decisions and rationales

The final determination was based on decisions for the disputed items/services set forth below:

Discectomy and foraminotomy left L4-5, L5-S1: upheld

Claims administrator guideline: The claims administrator did not base their decision on the mtus. Decision based on non-mtus citation official disability guidelines (odg), lumbar spine guidelines.

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, discectomy/laminectomy.

Decision rationale: Under consideration is a request for discectomy and foraminotomy left L4-5, L5-S1. 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. Guidelines state that unequivocal objective findings are required based on neurologic exam and testing. 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. Guideline criteria have not been met. There is no clear documentation of radiculopathy relative to a dermatomal pain pattern consistent with specific physical exam findings and imaging findings. There was imaging evidence of nerve root compression with severe spinal stenosis at L3/4 that was not addressed by the treating physician in his 2/4/14 report. Given the absence of clarity in the records concerning clinical exam findings and imaging evidence, the medical necessity of this request is not established. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request for discectomy and foraminotomy, left L4-5 and L5-S1 is not medically necessary.

Pre-op medical clearance: upheld

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

Maximus guideline: The expert reviewer did not base their decision on the mtus. Decision based on non-mtus citation other medical treatment guideline or medical evidence: institute for clinical systems improvement (icsi). Preoperative evaluation.

Decision rationale: As the request for left L4/5 and L5/S1 discectomy and foraminotomy is not medically necessary, the request for pre-op medical clearance is also not medically necessary.

Post-op lumbar brace: upheld

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

Maximus guideline: Decision based on mtus acoem chapter 12 low back complaints page(s): 138-139.

Decision rationale: As the request for left l4/5 and l5/s1 discectomy and foraminotomy is not medically necessary, the request for post-op lumbar brace is also not medically necessary.