

Case Number:	CM14-0031954		
Date Assigned:	06/20/2014	Date of Injury:	01/07/2010
Decision Date:	10/23/2014	UR Denial Date:	02/27/2014
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 Spine Surgeon and is licensed to practice in Texas. 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 59-year-old male who reported injury on 01/07/2010. The mechanism of injury was not provided. The medications were not provided for review. The prior surgical intervention included an L4-5 laminectomy. Prior treatments included a transforaminal nerve block bilaterally at L3-L4 and L4-L5 on 04/18/2013 and an epidural steroid injection on 07/08/2013. The injured worker underwent an MRI of the lumbar spine with and without contrast on 02/06/2014, which revealed, at the level of L2-3, there was a 2 mm to 3 mm symmetric disc bulge with mild to moderate facet arthropathy and ligamentum flavum redundancy. There was mild dorsal epidural fat. There was flattening of the ventral thecal sac and mild canal stenosis. There was mild to moderate right and mild left sided narrowing of the lateral recess. The neural foramina were mildly narrowed bilaterally. There was no effacement in the extraforaminal zone. At the level of L3-4, there was a 4 mm central disc protrusion superimposed on a 3 mm to 4 mm undulating disc bulge that was asymmetric to the left. There was moderate facet arthropathy and ligamentum flavum redundancy. There was mild dorsal epidural fat. There was moderate stenosis of the spinal canal. There was moderate narrowing bilateral, left greater than right, of the lateral recess. There was mild to moderate narrowing bilaterally of the neural foramina, right greater than left. There was a laterally directed disc and osteophyte disease contacting the exiting bilateral L3 nerve roots in the extra foraminal zone. Documentation of 02/12/2014 revealed, per the physician, the injured worker had a "fairly" stenosis at L2-3. The injured worker had an acute new disc herniation at L3-4, plus ongoing stenosis. The treatment plan included surgical intervention to take the pressure off the nerve. The injured worker was getting weakness in the right quadriceps and was in excruciating pain. The physician documented he would like to do an injection until the authorization for the surgery could be obtained. This included an L3-4 and L2-3 nerve block. The documentation of

04/16/2014 revealed the injured worker was having more and more anterior thigh pain and progressive weakness. On examination, the physician documented the injured worker had "good" strength. The treatment plan was for a lumbar laminectomy at L2-3 and L3-4. The physician's rationale was documented that the injured worker has progressively increased stenosis. The documentation of 03/13/2014 revealed the injured worker had neurogenic claudication and had significant pain and an inability to walk distances. The treatment plan included surgical decompression. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-3, L3-4 selective nerve root block under fluoroscopic guidance: 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) Low Back Procedure Summary late updated 02/13/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of objective benefit including 50% or greater relief with associated decreased medication intake for 6 to 8 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review failed to provide documentation including a 50% or greater relief with associated decreased medication intake for 6 to 8 weeks and objective functional improvement. Given the above, the request for Right L2-3, L3-4 selective nerve root block under fluoroscopic guidance is not medically necessary.

L2-3, L3-4 laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Low Back Procedure Summary last updated 02/13/2014

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular

symptoms. The MRI indicated the injured worker had mild canal stenosis. There was a lack of documentation of moderate to severe stenosis. There were no electrodiagnostic studies submitted for review. There was a lack of documentation of an exhaustion of conservative care. Given the above, the request for L2-3, L3-4 laminectomy is not medically necessary.

Three day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back Procedure Summary last updated 02/13/2014

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Pre-operative medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG last updated 05/10/2013

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.