

Case Number:	CM14-0042919		
Date Assigned:	06/30/2014	Date of Injury:	02/09/2011
Decision Date:	07/31/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/09/2014

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 53-year-old female sustained an industrial injury on 2/9/11, when she tripped and fell over a forklift. The 5/1/13 lumbar spine MRI showed mild L4/5 central canal stenosis and moderate bilateral lateral recess/foraminal stenosis. There was marked left L5/S1 lateral recess and moderate left foraminal stenosis due to prominent left facet arthropathy and symmetric disc bulge/osteophyte. The 9/18/13 EMG was normal. The 2/21/14 treating physician report cited chronic low back pain that had failed medications and numerous epidural steroid injections. The physical exam documented paravertebral muscle spasms and tenderness, tight muscle band, and multiple trigger points. Muscle strength, tone, and deep tendon reflexes were normal and symmetrical. A lumbar interlaminar decompression at left L4/5 was recommended. The 4/2/14 utilization review denied the request for left L4/5 lumbar interlaminar decompression as the documented clinical exam and electrodiagnostic studies are negative for radiculopathy. MRI findings did not support the L4/5 level was the pain generator. The 6/30/14 treating physician progress report cited constant low back pain radiating down the left posterior thigh and calf. The pain was severe for the last 6 months. She could not continue to work full time due to pain. The patient's medications included Medrox ointment, Soma, Norco, and Aleve. The physical exam documented gait that was antalgic, slowed, stooped, and wide-based. A straight leg raise test was positive on the left. Left ankle dorsiflexion and plantar flexion strength was 4/5; other lower extremity strength was 5/5. Dysesthesias were present over the right medial calf and posteromedial thigh. Left ankle reflex was absent and asymmetric. The diagnosis was lumbar radiculopathy. The treatment plan recommended active therapy 2x4 to implement home exercise program and solidify self-management of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar interlaminar decompression at left L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-208.

Decision rationale: The ACOEM Low Back Disorder guidelines recommend lumbar discectomy for patients with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. The guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. There must be continued significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. Guideline criteria have not been met. Imaging findings do not clearly document nerve root compression. The exam findings also document significant and plausibly primarily L5/S1 impairment. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment, including physical therapy and exercise, had been tried and failed. Therefore, this request for lumbar interlaminar decompression at left L4-5 is not medically necessary.