MAXIMUS Federal Services

Case Number:	CM14-0046143		
Date Assigned:	07/02/2014	Date of Injury:	08/28/2012
Decision Date:	12/31/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/14/2014

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 Minnesota. 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 42 year old male with a history of low back injury on 8/28/2012. The subjective complaints include low back and left leg pain that has failed conservative treatment with medication, physical therapy, and epidural steroid injections. He has an antalgic gait, decreased range of motion of the lumbosacral spine and positive seated and supine straight leg raising on the left. One examiner found a diminished Achilles reflex on the left. Another examiner diagnosed possible L5 and L4 radiculopathy on the left by the distribution of the radicular pain. There is no sensory or motor deficit. Electromyography has not been performed. The MRI scan of 12/30/2013 is reported to show multiple level degenerative disc disease. There is severe foraminal narrowing due to a disc-osteophyte complex at L5-S1 on the left. This is likely causing nerve root impingement in the neural foramen and the far lateral recess. Moderate bilateral neural foraminal narrowing is noted at L4-5 bilaterally with a 3-4 mm broad based disc-osteophyte ridge but there is no obvious nerve root impingement at this level. The Neurosurgeon has documented severe left sided stenosis at both the L4-5 and L5-S1 levels. The request for a left L4-5 and left L5-S1 decompression was modified by Utilization Review to a one level decompression at L5-S1 only.

IMR ISSUES, DECISIONS AND RATIONALES

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

LEFT L4-5, L5-S1 DECOMPRESSION: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305,306.

Decision rationale: California MTUS guidelines suggest lumbosacral nerve root decompression by surgical discectomy for carefully selected patients with nerve root compression due to disc prolapse provides faster relief from the acute attack than conservative management. Surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with the abnormalities on the imaging studies (radiculopathy) preferably with accompanying objective signs of neural compromise such as a diminished Achilles' reflex representing S1 radiculopathy are indicated. Based upon the MRI findings as well as the observations of the Neurosurgical cosultant and the presence of 2 level severe left neural foraminal stenosis on the imaging studies documented in the progress report of 3/27/2014, the requested left L4-5 and L5-S1 decompression is medically necessary. The reason for the UR denial was reliance only on the MRI report and not the entire clinical picture.