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| Case Number: | CM14-0060471 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 10/25/2012 |
| Decision Date: | 08/08/2014 | UR Denial Date: | 04/14/2014 |
| Priority: | Standard | Application Received: | 05/01/2014 |

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 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 30-year-old male who sustained an injury on 10/25/12 while moving 60lb concrete bags. The injured worker developed complaints of low back pain radiating to the lower extremities. Prior conservative treatment did include both physical and chiropractic therapy with limited response. The injured worker did have prior injections performed with no substantial relief. The injured worker did have noted difficulty with oral medications due to gastric upset. Prior epidural steroid injections were completed on 03/08/13. The injured worker was seen on 03/03/14 with continuing complaints of low back pain radiating to the right lower extremity that was severe 7/10 on the visual analogue scale (VAS). The injured worker was noted to be utilizing medications including Motrin, Flexeril, Zanaflex, Ultram, and Vicodin. The injured worker's physical exam noted an overweight male. There did not appear to be any sensory deficits in the lower extremities. No motor weakness or reflex changes were identified. The injured worker was referred for a spinal surgeon evaluation at this visit. Follow-up on 03/31/14 noted some palpable lumbar tenderness. Imaging was reported to show degenerative disc disease at L4-5 and at L5-S1. Recommendations at this evaluation were for L4-L5 and L5-S1 micro-decompression. MRI studies of the lumbar spine from 01/11/13 noted degenerative disc disease at L4-5 and at L5-S1. There was a 3-4 millimeter disc protrusion at L4-5 indenting the interior margin of the CSF space with mild narrowing of the left lateral recess as well as the left neural foramen. Minimal encroachment to the right was noted at this level. At L5-S1 there was a 3-4 millimeter central disc protrusion abutting the descending nerve root sleeves within the lateral recesses bilaterally. Neural foramen was moderately narrowed to the left. No other diagnostic testing was available for review. The requested L4-5 and L5-S1 micro-decompression was not granted by utilization review on 04/10/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5, L5-S1 Micro-Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back
Chapter American Medical Guidelines, 5th edition, page 382-383.

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

Decision rationale: In regards to the request for L4-5 and L5-S1 micro-decompression, this reviewer would not have recommended this request as medically necessary based on review of the clinical documentation as well as current evidence based guidelines. The injured worker's MRI studies from January of 2013 did note two level degenerative disc diseases more severe at L5-S1 contributing to nerve root contact as well as stenosis. The injured worker had not improved with conservative treatment to include physical and chiropractic therapy, 3 separate epidural steroid injections over the use of medications including anti-inflammatories. Although the injured worker remains symptomatic despite conservative treatment, the most recent physical exam findings from the requesting surgeon noted no specific neurological deficits that would correlate with imaging. Per guidelines, there should be correlating findings between physical exam and imaging studies to support a diagnosis of lumbar radiculopathy. No other diagnostic testing such as electrodiagnostic studies or any updated imaging was available for review to further support the surgical request. Given the limited findings on physical exam, this reviewer would not have recommended this surgical request as medically necessary. Therefore, the request is not medically necessary.

Inpatient Stay-1 Day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Hospital length of stay (LOS) 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 Chapter, Hospitalization.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services is medically necessary.