

Case Number:	CM14-0063483		
Date Assigned:	07/11/2014	Date of Injury:	05/24/2005
Decision Date:	08/26/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	05/06/2014

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 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 59-year-old male who reported an injury on 05/24/2005. The diagnosis included L5-S1 disc displacement with right S1 nerve compression. The mechanism of injury was the injured worker crashed while driving a forklift at work. The documentation indicated the injured worker had comprehensive conservative therapy. The conservative care included physical therapy, acupuncture, medications, Toradol injections, sacroiliac joint injections, and epidural steroid injections, as well as home exercises. The documentation of 03/26/2014 revealed the injured worker had low back pain radiating into the right lateral thigh, calf, and third through fifth toes. The pain was accompanied with numbness and tingling. The documentation indicated the injured worker's pain increased with walking, standing, or sitting for long periods of time. The injured worker indicated he was unable to walk more than 10 minutes without provoking excruciating pain. The injured worker was utilizing MS Contin and Norco 10/325. The physical examination revealed ankle dorsiflexion strength of 4+/5, and ankle plantarflexion of 4-/5. There was decreased appreciation of light touch in the lateral aspect of the right foot and fifth digit. The reflexes were +2 in the left ankle and absent in the right ankle. The injured worker had an antalgic gait. The documentation indicated the injured worker had undergone an MRI on 12/13/2012, which revealed a decrease in the L5-S1 disc space signal intensity and height. There was right L5-S1 paracentral disc displacement encroaching on the thecal sac and the right L5 foramen. Discussion included the injured worker had ongoing right S1 radiculopathy symptoms since 10/2007 and had failed comprehensive conservative treatments. The diagnostic imaging confirmed an L5-S1 disc displacement that compressed the right S1 nerve root, and the physician opined it was contributing to the injured worker's chronic pain disorder, the weakness in the right gastrocnemius muscle, and the hypoesthesia in the S1 dermatome. The treatment plan included a right hemilaminotomy, medial facetectomy, and discectomy at L5-S1. Subsequent

documentation from the primary treating physician on 04/02/2014 revealed the injured worker had an EMG on 12/14/2012, which the impression read lumbosacral radiculopathy and plexopathy, as well as peripheral neuropathy. The injured worker had a positive straight leg raise on the right side at 60 degrees, with diminished sensation in the S1 distribution on the right. The treatment plan was to follow the recommendations of the neurosurgeon. The letter dated 05/05/2014 by way of a treatment denial appeal indicated the injured worker continued to complain of chronic intractable low back pain with radiation into the right leg. The documentation indicated that the request was denied due to a discussion about performing a percutaneous discectomy. However, per the physician documentation, that was not the surgical intervention that was recommended. The documentation indicated the injured worker had moderate to severe right S1 lateral recess stenosis. As such, there was a re-request for a right hemilaminotomy, medial facetectomy, and discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Hemilaminectomy Medial Facetectomy Discectomy L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic Treatment.

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultations 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 limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of lesion that has been shown to benefit in both the short and long term from surgical repair, and there should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation of the official MRI of the lumbar spine and the official electrodiagnostic studies to be submitted. There was documentation of a failure of conservative care. Given the above, the request for right hemilaminotomy medial facetectomy discectomy L5-S1 is not medically necessary.