

Case Number:	CM14-0064403		
Date Assigned:	07/11/2014	Date of Injury:	06/11/2011
Decision Date:	08/27/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/07/2014

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 Neurological 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:

The records presented for review indicate that this 52-year-old male was reportedly injured on June 11, 2011. The mechanism of injury is noted as cutting his finger on a piece of metal. The most recent progress note, dated October 23, 2013, indicates that there are ongoing complaints of left and right shoulder pain. The physical examination demonstrated decreased range of motion of the left and right shoulder. There was tenderness at the left bicipital groove, trapezius, supraspinatus, and infraspinatus. There was a positive impingement test. Examination of the right shoulder showed tenderness at the acromioclavicular joint, trapezius, supraspinatus, and subscapularis. There was also a positive impingement test of the right shoulder. Diagnostic imaging studies of the cervical spine showed a C7-T1 facet arthropathy with bilateral neural foraminal narrowing. An MRI the lumbar spine showed an L3-L4 disc degeneration and disk bulge. There was also a disc protrusion at L -L5 and L5-S1. An MRI arthrogram of the right shoulder noted no new rotator cuff tears or superior labrum anterior and posterior (SLAP) lesion. Previous treatment includes aquatic therapy and Toradol injections. A request had been made for a bilateral L3-L4, L4-L5, and L5-S1 foraminotomy and microdiscectomy and was not certified in the pre-authorization process on April 21, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L3-4, L4-5 AND L5-S1 LAMINAR FORAMINOTOMY AND MICRODISECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES-DISCECTOMY/LAMINECTOMY.

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 - Lumbar and Thoracic, Discectomy/Laminectomy, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines the criteria for a foraminotomy and microdiscectomy includes the presence of a radiculopathy which is corroborated by physical examination and imaging studies. According to the attached medical record there are no objective physical examination findings of a radiculopathy nor are there any potential neuropathic findings on physical examination. For these reasons this request for a bilateral L3-L4, L4-L5, and L5 S1 laminar foraminotomy and microdiscectomy is not medically necessary.