

Case Number:	CM14-0065335		
Date Assigned:	07/02/2014	Date of Injury:	10/20/2010
Decision Date:	08/22/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 injured worker is a 54-year-old male who reported injury on 10/20/2010. The mechanism of injury was not provided. Prior treatments included 3 epidural steroid injections. Prior therapies additionally included physical therapy and acupuncture. The medications included Norco 5/325, Norflex, Prilosec, and LidoPro. The documentation indicated the injured worker underwent an EMG/NCV of the bilateral lower extremities in 03/2011 which showed evidence of diffuse sensory polyneuropathy secondary to diabetes and findings suggestive of chronic right L5-S1 radiculopathy. Additionally, the physician documentation indicated the injured worker underwent an MRI on 11/11/2011 which showed evidence of diffuse congenital canal stenosis with discogenic disease superimposed on the aggravating canal stenosis and resulting in multilevel acquired canal and foraminal stenosis. Additionally, it was indicated the traversing nerve roots were compromised at L3-4, L4-5, and L5-S1. The documentation of 01/23/2014 revealed the injured worker had complaints of pain in the neck that became intolerable and aching, stabbing, and cramping low back pain rated 7/10 with a burning sensation radiating down the bilateral legs. The injured worker indicated he was utilizing Paxil, Xanax, and Ordion as well as the previously prescribed medications. The injured worker was noted to be smoking medical marijuana to help him take less medications. The objective findings on the date of examination revealed the injured worker's gait was mildly antalgic. The injured worker had decreased sensation at the right L5 dermatome. Strength in the lower extremity was 4/5 in the tibialis anterior on the right, 4+/5 on the extensor hallucis longus, and inversion, plantarflexion and eversion and on the left side the strength was 5/5. Reflexes were +1 bilaterally in the lower extremities. The straight leg raise was positive bilaterally. The diagnoses included cervical spine degenerative disc disease, thoracic spine chronic pain, degenerative disc disease of the lumbar spine with radiculopathy, right shoulder impingement, status post right shoulder arthroscopy,

bilateral carpal tunnel syndrome status post right carpal tunnel release surgery in 2011, bilateral plantar fasciitis, ongoing psychological issues, internal medicine issues including diabetes and hypertension as well as probable bilateral De Quervain's tenosynovitis. The treatment plan included a microlumbar decompressive surgery on the right at L3-4, L4-5 and L5-S1 as well as the injured worker had significant improvement with previous epidural injections to the lumbar spine so the treatment plan was for a repeat transforaminal epidural steroid injection to the right L4-5 and L5-S1 for therapeutic and diagnostic purposes. The original date of request for the microlumbar decompressive surgery was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery - Spinal Microlumbar Decompressive Surgery Right L3-4, L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Treatment in Workers' Compensation (TWC), Low Back - Lumbar & Thoracic (Acute & Chronic) Back to ODG-TWC Index (updated 2/13/14).

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

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for an injured worker who has severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations 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 a lesion that has been shown to benefit in both the short and long-term from surgical repair and documentation of failure of conservative treatment. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. There was documentation of imaging and electrophysiologic evidence which was not presented for review. Given the above, the request for surgery - spinal microlumbar decompression surgery right L3-4, L4-5, L5-S1 is not medically necessary.

Injection-Steroid TFESI Right L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, page 46 Page(s): 46.

Decision rationale: The California MTUS Guidelines recommend repeat epidural steroid injections when there is documentation of at least 50% pain relief with associated medication reduction for 6 to 8 weeks. There should be documentation of objective functional improvement.

The clinical documentation submitted for review indicated the prior injections were beneficial. However, there was a lack of documentation of objective functional benefit and an objective decrease in pain including at least 50% pain relief and 6 to 8 week reduction of medication use. Given the above, the request for injection - steroid TFESI right L4-5 and L5-S1 is not medically necessary.