

Case Number:	CM14-0068642		
Date Assigned:	07/14/2014	Date of Injury:	04/10/2012
Decision Date:	08/20/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/13/2014

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 39-year-old female who reported an injury on 04/10/2012. The mechanism of injury was not stated. Current diagnoses include cervical spine strain with radiculopathy, impingement syndrome in the shoulder region, elbow tendonitis, wrist contusion, lumbar sprain, hip pain, possible internal derangement of the knee, ankle sprain, insomnia, and depression. The injured worker was evaluated on 03/26/2014 with complaints of severe lower back pain with radiation into the bilateral lower extremities. Physical examination on that date revealed tenderness in the right gluteal area, positive straight leg raising, tenderness at the medial joint line of the right knee, right ankle tenderness, right wrist dorsal tenderness, right shoulder rotator cuff tenderness, and restricted range of motion of the shoulder. Treatment recommendations included a lumbar laminectomy and discectomy at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy: 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) Low Back - Lumbar & Thoracic (Acute & Chronic); Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTUS ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. Official Disability Guidelines state prior to a discectomy/laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there is no mention of an exhaustion of conservative treatment. There is no documentation of radiculopathy upon physical examination. There were no imaging studies provided for this review. The specific levels at which the surgical procedure will take place were not specified in the request. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary and appropriate.