

Case Number:	CM14-0075102		
Date Assigned:	07/16/2014	Date of Injury:	06/27/2006
Decision Date:	09/24/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/22/2014

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:

This is a 61 year old male with a 9/27/06 injury date. He sustained a lower back injury at work when he slipped and fell. In a follow-up on 8/16/13, subjective complaints included 10/10 low back pain and 9/10 pain radiating to both his legs. He also complained of weakness in his lower extremities and difficulty walking. The patient's objective findings included neurogenic claudication, walking about 2 steps before having to stop. There was difficulty picking up his feet and his left foot had 4-/5 strength with dorsiflexion. There was bilateral plantar flexion weakness at 5-/5. The treatment recommendations at that time were L5-S1 laminectomy. An electromyography and nerve conduction velocity on 3/25/10 of the lower extremities was normal. A lumbar spine MRI on 6/5/13 showed L5-S1 6-7 mm right-sided disc protrusion encroaching upon the exiting right S1 nerve root and the exiting left L5 nerve root, L4-5 2mm right foraminal disc protrusion with no compression on the exiting left L4 nerve root, and mild bilateral neural foraminal narrowing at L3-4. Diagnostic impression: lumbar disc herniation, lumbar spondylosis. The treatment to date includes medication, physical therapy, epidural injections, and bracing. A UR decision on 5/2/14 denied the request for L4-S1 lumbar spine decompression on the basis that medical necessity was not established based on objective findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remove Spine Lamina 1 lumbar: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In the present case, there appears to be good correlation between the objective exam findings and the imaging findings. The patient's push-off weakness is explained by the lesion affecting the S1 nerve roots, and the patient's dorsiflexion weakness is explained by the lesion affecting the L5 nerve roots. However, there is a significant amount of confusion with respect to the proposed procedure. At one point in the physician's notes, the recommendation was being made for L5-S1 laminectomy. At a later time point, the recommendation was apparently changed to a L4-S1 laminectomy. Based upon the patient's clinical exam, it would seem that the latter would be the preferred treatment. However, the current UR request is for a single level laminectomy, and the level is not specified. Given this amount of confusion, the certification cannot be given at this time. Therefore, the request for remove spine lamina 1 lumbar is not medically necessary.