

Case Number:	CM14-0096638		
Date Assigned:	07/28/2014	Date of Injury:	08/12/2012
Decision Date:	09/19/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/24/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 63 year old male who was injured on 8/12/2012. He was diagnosed with lumbosacral sprain, shoulder sprain, lumbar disc displacement and lumbosacral neuritis. Lumbar MRI completed on 11/5/12 showed an L4-5 disc bulge with canal stenosis and bilateral foraminal stenosis as well as L5-S1 disc protrusion with central canal stenosis and foraminal stenosis. Later, EMG/NCV studies performed on 3/31/14 had findings consistent with a left L5 radiculopathy. He was treated with an epidural injections (L4-L5, L5-S1), facet joint (L5-S1) injection, topical and oral analgesics, and physical therapy, but his symptoms persisted. On 4/25/14, the worker was seen by her orthopedic physician complaining of moderate to severe low back pain radiating down his right leg and urinary loss of control with frequent urination and inability to control his bladder which has been worsening over the prior 6 months or so, regardless of prior treatments. A physical examination revealed tenderness of the lumbar area (midline and paraspinal muscles), limited range of motion of the lumbar spine, weakness of left leg, and straight leg raise positive on the left. It was then discussed that the worker had the option of having a decompressive lumbar laminectomy and disc excision at the L5-S1 level, of which the worker was in favor, and the potential risks were discussed. Later, a request for a microscopic decompressive laminectomy/disc excision of the L4-L5 level was made for approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

IP Microscopic Decompressive Laminectomy/ Disc Excision L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The MTUS ACOEM Guidelines state that lumbar surgery may be considered when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy, and obviously due to a herniated disc, is detected. Indications for lumbar surgery includes severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with confirmatory objective findings and/or activity limitations due to radiating leg pain for more than one month, or extreme progression of lower leg symptoms. A discussion of the potential risks and likely outcomes needs to take place with the patient. In the case of this worker, the option of surgery seems to be indicated for him at this time. However, the request for surgery on his L4-L5 level does not fit the findings and symptoms as well as the intended level (L5-S1) as documented in the progress note. This seems like an oversight, but even so, the request needs to match the intended procedure. Therefore, until this is clarified and corrected, the lumbar surgery on the L4-L5 area is not medically necessary.