

Case Number:	CM14-0097158		
Date Assigned:	09/16/2014	Date of Injury:	01/07/2011
Decision Date:	11/12/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/25/2014

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 Spine 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 57-year-old male who reported injury on 01/07/2011. The diagnosis included lumbago. The mechanism of injury was heavy lifting. Prior treatments included 3 or 4 lumbar epidural steroid injections and physical therapy. The documentation of 09/11/2014 revealed the injured worker was last evaluated on 08/21/2014, at which time authorization was requested for an L4-5 and L5-S1 laminotomy and discectomy. The request for an electromyography (EMG) of the left lower extremity is pending. The injured worker was authorized for a lumbar epidural steroid injection, and the injured worker indicated he had severe intolerable pain. The injured worker had severe sciatic pain radiating from his left buttock to his left lateral thigh and calf. Pain was associated with numbness in the left posterior thigh and calf. There was decreased sensation to the left posterior calf. The motor function of the lower extremities was intact. The injured worker appeared uncomfortable but was in no acute distress. The lumbar range of motion was markedly restricted with pain in all planes. The medications were not provided. The diagnoses included degenerative disc L5-S1 with central disc protrusion, and annular tear without central or foraminal stenosis, and degenerative disc L4-5 with left paracentral disc extrusion, and left lateral recess stenosis. The treatment recommendation included a lumbar epidural steroid injection while awaiting authorization of the L4-5 and L5-S1 laminotomy and discectomy. Documentation of 05/22/2014 revealed the injured worker had physical therapy and chose not to have a fusion. The injured worker was noted to have an MRI of the lumbar spine on 06/20/2013, which revealed disc desiccation at the L3-S1 discs. There was moderate loss of disc height at L5-S1. At L4-5, there was a broad based central disc extrusion which migrated caudally to the left, the lateral recess appearing to elevate the left L5 nerve root in the lateral recess. There was minimal central disc bulge at L5-S1 without significant central or foraminal stenosis. There was an annular tear in the L5-S1 disc centrally.

The treatment plan included a left L4-5 laminotomy and discectomy. The medications included naproxen 500 mg by mouth twice a day, Flexeril 5 mg every 6 hours as needed, a left L4-5 laminotomy and discectomy, and an updated MRI. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left lumbar L4-L5 laminotomy and discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Decompression Surgery

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies 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 the extreme progression of lower leg symptoms, and 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 a failure of conservative treatment to resolve disabling radicular symptoms. There were objective findings of decreased light touch sensation in the left posterior calf. There was no MRI or Nerve Conduction study submitted for review. There was a lack of documentation of a failure of conservative treatment. Given the above, the request for 1 left lumbar L4-5 laminotomy and discectomy is not medically necessary.

Associated surgical service: 1 to 2 days inpatient: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.