

Case Number:	CM14-0005004		
Date Assigned:	02/05/2014	Date of Injury:	08/26/2011
Decision Date:	01/21/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/14/2014

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, has a subspecialty in Spine Surgery, 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 injured worker is a 27-year-old female who reported an injury on 08/26/2011. The mechanism of injury was not specifically stated. The current diagnosis is lumbar degenerative disc disease at L4-5 and L5-S1. The injured worker presented on 12/04/2013 with complaints of persistent lower back pain with bilateral lower extremity pain. Previous conservative treatment is noted to include medication management, physical therapy, and lumbar epidural steroid injections. Upon physical examination, reflexes were 2+ and symmetrical, motor strength was intact, and straight leg raising demonstrated pain at the 30-45 degree level. Treatment recommendations at that time included a lumbar discectomy at L4-5 and L5-S1. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy and disc resection L4-5 and L5-S1 bilateral: Upheld

Claims Administrator 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, 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: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines recommend a discectomy/laminectomy when there is evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy, or a psychosocial screening. According to the documentation provided, the injured worker's physical examination revealed normal motor strength and intact sensation. There was no documentation of radiculopathy upon physical examination. There were no imaging studies provided for this review. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary and appropriate at this time.

2-3 Days hospital stay: 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.