

Case Number:	CM14-0107528		
Date Assigned:	09/16/2014	Date of Injury:	08/01/2013
Decision Date:	01/06/2015	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/10/2014

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 Surgeon and is licensed to practice in Georgia and South Carolina. 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 male who reported an injury on 08/01/2013. The mechanism of injury was not submitted for clinical review. His diagnoses included sciatica, spondylolisthesis, lumbar disc displacement, and lumbago. Previous treatments included medication. Diagnostic testing included an MRI of the lumbar spine dated 08/22/2013 which revealed a 12 mm central extrusion at L4-5 extending 8 mm caudal to the intervertebral disc space causing severe central canal stenosis. There was mild annular bulging at L5-S1 with a 5 mm broad based central extrusion extending slightly caudal to the disc level abutting the proximal S1 nerve root. On 05/22/2014, it was reported the injured worker complained of low back pain, bilateral sciatica, right worse than left. The injured worker complained of right heel numbness and pain. On the physical examination, the provider noted the injured worker was leaning to the left side. The injured worker was unable to fully stand erect due to low back pain. Lumbar range of motion was markedly restricted with flexion of 10 degrees and extension of 10 degrees. The provider noted a positive straight leg raise and Lasegue's on the right. The straight leg raise on the left produced low back pain. The provider recommended the injured worker to consider undergoing epidural steroid injections. A request was submitted for bilateral L4-5 laminotomy/microdiscectomy. However, a rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 06/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Laminotomy/Microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter

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, Discectomy/ laminectomy.

Decision rationale: The request for a bilateral L4-5 laminotomy/microdiscectomy is medically necessary. The California MTUS/ACOEM Guidelines indicate that laminectomy is a direct method of nerve root decompression. The guidelines recommend indications for surgery include severe and disabling lower leg symptoms; activity limitation due to radiating leg pain; clear clinical, imaging, and electrophysiological evidence of a lesion; and failure of conservative treatment to resolve disabling radicular symptoms. In addition, the Official Disability Guidelines note indications for surgery include presence of radiculopathy on the physical examination including a positive straight leg raise, crossed straight leg raise, and reflex exams; imaging studies to include nerve root compression, lateral disc rupture, lateral recess stenosis and imaging studies including an MRI and CT; and conservative treatment for at least 2 months to include NSAIDs, epidural steroid injections, and physical therapy. The guidelines also recommend a psychological screening. The clinical documentation submitted indicated the injured worker had weakness and positive straight leg raise testing on the lower extremity on the physical examination. There was documentation of conservative care with no functional improvement. Therefore, the request is medically necessary.