

Case Number:	CM14-0160454		
Date Assigned:	10/06/2014	Date of Injury:	12/17/2013
Decision Date:	01/06/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	09/30/2014

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 51-year-old male with a reported date of injury on 12/17/2013. The mechanism of injury reportedly occurred when the injured worker was struck by a bundle of clothes while driving a forklift, sustaining injuries to the neck and back. His diagnoses included cervical sprain, herniation of cervical intervertebral disc with radiculopathy, and herniation of lumbar intervertebral disc with radiculopathy and chronic sprain or strain of lumbar region. Previous treatments included home exercise, physical therapy and medications. The lumbar spine MRI dated 06/28/2014 was noted to reveal at L5-S1 there was a 5 mm left paracentral disc osteophyte which contacts to the left transiting S1 nerve, it may be the cause of the injured worker's current symptoms. The MRI of the cervical spine dated 09/15/2014 was noted to reveal no spinal canal stenosis seen at the cervical disc levels. There was mild to moderate bilateral neural foraminal narrowing seen at C5-6 and C6-7. A surgical history was not provided. The clinical note dated 09/22/2014 indicates the patient presented with pain rated at 2/10. The clinical note dated 10/22/2014 indicates the patient presented with symptoms occurring constantly and fluctuating, with pain rated at 2/10. Current medications were noted to include Mobic 15 mg. The treatment plan and rationale were not provided. The Request for Authorization for L5-S1 left sided laminotomy/laminectomy discectomy and decision for diagnostic testing of fluoroscopy was submitted on 09/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 left side Laminotomy/Laminectomy discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: The California MTUS/ACOEM Guidelines state that direct methods of nerve root decompression include laminotomy, standard discectomy and laminectomy. In addition, the California MTUS/ACOEM Guidelines state that referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. Activity limitation, radiating leg pain for more than 1 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/or failure of conservative treatment to resolve disabling radicular symptoms. The clinical information provided for review lacks documentation related to the injured worker's functional or neurological deficits. There is a lack of documentation related to the injured worker's functional deficits to include range of motion values and degrees. In addition, there is a lack of documentation indicating the injured worker's reflexes, strength or sensation and/or straight leg raise exam. The clinical information indicates the injured worker rates his pain at 2/10. There is also a lack of documentation that the injured worker has undergone injections or other types of conservative treatment. The patient presents with no significant radiculopathy and intermittent minimal pain. The request for L5-S1 left side laminotomy/laminectomy discectomy is not medically necessary.

Diagnostic testing: Fluoroscopy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Fluoroscopy for (ESI's)

Decision rationale: The California MTUS/ACOEM Guidelines do not address the request. The Official Disability Guidelines recommend fluoroscopy in guiding the needle into the epidural space, as controlled studies have found that medication is misplaced and epidural steroid injections are done without fluoroscopy. The clinical information lacks documentation that the injured worker would be undergoing an epidural steroid injection. There is a lack of documentation of fluoroscopy being utilized for diagnostic purposes. There is a lack of indication for fluoroscopy being utilized for diagnostic purposes. In addition, there is a lack of documentation indicating the area in which the fluoroscopy was to be utilized. Therefore, the request for diagnostic testing fluoroscopy is not medically necessary.

