

Case Number:	CM14-0187162		
Date Assigned:	12/04/2014	Date of Injury:	10/02/2013
Decision Date:	01/13/2015	UR Denial Date:	10/08/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Spine Surgeon 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 58-year-old female who reported an injury on 10/03/2013. The mechanism of injury involved a fall. Current diagnoses include lumbar spinal stenosis and lumbar herniated disc. The injured worker presented on 09/11/2014 with complaints of persistent lower back pain. Previous conservative treatment is noted to include home exercise, medication management and epidural steroid injection. The current medication regimen includes Opana ER 10 mg, Opana ER 15 mg, oxybutynin 5 mg, Soma 350 mg and spironolactone. Physical examination revealed diminished sensation along the L5-S1 distribution bilaterally, weakness at the tibialis anterior bilaterally, and positive straight leg raises bilaterally at full extension. Treatment recommendations at that time included an L4-5 and L5-S1 discectomy. A Request for Authorization form was then submitted on 09/16/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 01/06/2014, which revealed evidence of circumferential disc bulging and annular tearing at L4-5 with lateral recess narrowing, as well as a posterior herniated disc bulge at L5-S1 with posterior annular tearing and neural foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: L4-5 bilateral discectomy, 1 interspace: 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): 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 is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy and epidural steroid injections. There should also be documentation of a referral to physical therapy, manual therapy or the completion of a psychological screening. As per the documentation submitted, the injured worker has been previously treated with home exercise, medications and epidural steroid injection. However, there is no documentation of a significant functional limitation upon physical examination. The injured worker's physical examination reveals diminished sensation along the L5-S1 distribution. The medical necessity for a lumbar discectomy at the L4-5 level has not been established. Based on the information received and the above mentioned guidelines, the request is not medically appropriate.