

Case Number:	CM14-0190002		
Date Assigned:	11/21/2014	Date of Injury:	07/17/2010
Decision Date:	01/09/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/14/2014

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 64-year-old male who reported an injury on 07/17/2010. The mechanism of injury was the injured worker picked up a roll weighing 25 pounds to 30 pounds and as he lifted the roll his back gave out. Prior therapies included an epidural steroid injection, analgesics, acupuncture, and cupping. The injured worker was noted to have undergone electrodiagnostics that were within normal limits. The injured worker was noted to have an MRI on 12/02/2013 which revealed disc herniations at L3-S1. There was severe trefoil canal effacing the thecal sac at L4-5 and a broad based intervertebral disc herniation at L5-S1 contributing to lateral recess stenosis impinging on the descending S1 nerve root. Medications included tramadol 50 mg. Additional medications included Tizanidine 4 mg 1 by mouth at bedtime and Voltaren gel 1% 100 grams. The documentation of 05/01/2014 revealed the injured worker had complaints of pain in the low back. The pain radiated into the posterior left lower extremity terminating in the medial left ankle region with an "anxious" quality. The injured worker was walking with a front wheeled walker. The injured worker described he could walk for less than 2 blocks or 2 minutes before he was encumbered by tightness in his chest which eased off 30 minutes after he stopped walking. The injured worker denied tobacco use. The injured worker was noted to see a cardiologist. The physical examination revealed the injured worker had a markedly antalgic gait. The injured worker was bent forward with his weight supported with outstretched arms on a front wheeled walker. The left lower extremity was extended and his weight was supported on his outreached left upper extremity on the wheeled walker. There were transverse bands of spasms below the dorsal intercrystal plane, approximating the L4, L5, and S1 levels. There is general discomfort of the lumbosacral junction with motion at the waist. Seated straight leg raise did not provoke radicular pain. The deep tendon reflexes bilaterally were 2+. Light touch was perceived to the periphery of the lower extremities. The diagnoses included mood disorder,

chronic pain, L4-5 stenosis with claudication and left L4 radiculitis, L5-S1 intervertebral disc herniation with left lateral recess stenosis and impingement of the descending nerves, hypertension, coronary artery disease, and tinea pedis. The treatment plan included an L4-S1 decompression and left L5-S1 discectomy. The injured worker requested surgery. There was no Request for Authorization submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-S1 laminectomy and medial facetectomies; left L5/S1 discectomy, possible discectomies/fusion/instrumentation: Upheld

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- Microdiscectomy, Discectomy/Laminectomy

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. The clinical documentation submitted for review failed to provide that there was an exhaustion of conservative care. There was no official imaging or electrophysiologic evidence submitted for review. The physician documentation indicated the electrodiagnostic studies were within normal limits. However, the official report was not provided for review. There was a lack of documentation of objective findings to support the necessity for surgical intervention. Given the above, the request for, bilateral L4-S1 laminectomy and medial facetectomies; left L5/S1 discectomy, possible discectomies/fusion /instrumentation is not medically necessary.

Coronary medical clearance: 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.

