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| Case Number: | CM14-0207747 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 09/17/2001 |
| Decision Date: | 02/13/2015 | UR Denial Date: | 11/25/2014 |
| Priority: | Standard | Application Received: | 12/11/2014 |

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 California. 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 55-year-old male who reported an injury when he was stocking a soda machine on 09/17/2001. On 02/28/2014, his complaints included low back and bilateral hip pain radiating to the anterior thighs and posterior calves. His lumbar range of motion was reduced to less than 50% of normal. An EMG/NCS of the lower extremities on 09/18/2012 was a normal study with no demonstrated evidence of motor radiculopathy. An MRI of the lumbar spine on 02/14/2014 revealed degenerative disc disease at L5-S1 with narrowing of disc space and central and right paracentral calcified herniated disc compressing the right anterior aspect of the thecal sac. There was degenerative disc disease at L4-5 with a 4 mm central herniated disc extending to behind the upper margin of L5 and compressing the thecal sac slightly. It caused no compression of the L4 nerve roots. There was no evidence of spinal stenosis. The surgery was being recommended due to a failure of physical therapy and multiple epidural steroid injections over a period of years. A Request for Authorization dated 04/15/2014 was included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine L4-5 decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The request for lumbar spine L4-5 decompression is not medically necessary. The California ACOEM Guidelines note that disc herniation may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disc on an imaging study; however, does not necessarily imply nerve root dysfunction. Studies of asymptomatic adults commonly demonstrate intervertebral disc herniations that apparently do not cause symptoms. Some studies show spontaneous disc resorption without surgery, while other suggest that pain may be due to irritation of the dorsal root ganglion by inflammogens released from a damaged disc in the absence of anatomical evidence of direct contact between neural elements and disc material. Therefore, 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 (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitation due to 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 failure of conservative treatment to resolve disabling radicular symptoms. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. Although it was noted that this injured worker had participated in physical therapy and received multiple epidural steroid injections, there was no documentation of other modalities of conservative care, including acupuncture and/or chiropractic treatments. There was no indication of nerve root impingement on either the submitted MRI or electrodiagnostic studies. The clinical information submitted fails to meet the evidence based guidelines for the requested surgery. Therefore, this request for lumbar spine L4-5 decompression is not medically necessary.

1 Day inpatient 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.