

Case Number:	CM14-0060021		
Date Assigned:	07/09/2014	Date of Injury:	06/26/2013
Decision Date:	01/05/2015	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	04/30/2014

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, and is licensed to practice in Georgia & 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 37-year-old male who reported an injury on 06/26/2013. The mechanism of injury was not provided. Diagnoses included spinal stenosis, radiculopathy, and disc herniation of the lumbar spine. Past treatments included therapy, medications, epidural injections, and psychological clearance. Diagnostic testing included an official MRI of the lumbar spine, performed on 07/19/2013, read by [REDACTED], which indicated L2-3 disc degeneration and disc space narrowing with a prominent right paracentral and central superior disc extrusion resulting in mass effect upon the thecal sac and narrowing the right lateral recess, moderate narrowing of the central canal with crowding of the nerve roots of the cauda equina, mild left and moderate right neural foraminal narrowing at this level; L4-5 central and left paracentral disc protrusion and minimal extrusion with narrowing of the lateral recess bilaterally, left greater than right, and moderate central canal narrowing, mild right and moderate left sided neural foraminal narrowing at this level. Surgical history included Transforaminal Epidural Steroid Injection at L2-3 and L4-5 on 10/15/2013 and Transforaminal Epidural Steroid Injection at L2-3 on 12/03/2013. On the clinical note dated 04/09/2014, the injured worker complained of back pain with radiating symptoms into legs, exacerbated with reported bending, lifting, and carrying, as well as prolonged walking. Physical examination of the lumbar spine indicated range of motion with forward flexion to 30 degrees and extension to 0 degrees, paraspinal musculature tenderness to palpation, paraspinal spasms, positive straight leg raise test, and slightly decreased muscle strength to the quadriceps on the right as 4/5. Current medications were not provided. The request was for posterior lumbar laminectomy discectomy L2-3 and L4-5. The rationale for the request was due to lower back pain with radiating pain down his legs despite conservative management. The Request for Authorization form was submitted for review on 02/21/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Lumbar Laminectomy Discectomy L2-L3 and L4-L5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Discectomy Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), low back, Discectomy/ laminectomy.

Decision rationale: The request for posterior lumbar laminectomy discectomy L2-3 and L4-5 is medically necessary. The California MTUS/ACOEM Guidelines state surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear. The Official Disability Guidelines indications for discectomy/laminectomy include objective findings on examination (straight leg raise test, cross straight leg raise, and reflex exams should correlate with symptoms and imaging); L4 nerve root compression requiring one of the following: severe unilateral quadriceps/anterior tibialis weakness/mild atrophy, mild to moderate unilateral quadriceps/anterior tibialis weakness, or unilateral hip/thigh/knee/medial pain; imaging studies requiring one of the following for concordance between radicular findings on radiologic evaluation and physical examination findings: nerve root compression, lateral disc rupture, lateral recess stenosis; conservative treatments requiring all of the following: activity modification, drug therapy, support provider referral. Medical records indicate mild to moderate unilateral quadriceps weakness at 4/5, positive straight leg raising test, absent Achilles reflex, and decrease sensation to light touch in the L4 distribution. Medical records indicate an official MRI with lateral recess of the right L2-3 and L4-5 with disc extrusion and foraminal narrowing at both levels. Medical records indicate conservative treatment of activity modification, NSAID, epidural steroid injection, psychological evaluation, and physical therapy utilization. Additionally, the injured worker has received psychological evaluation and clearance for surgery. Based on the documentation submitted for review, the injured worker meets the criteria for the requested service. As such, the request for posterior lumbar laminectomy discectomy L2-3 and L4-5 is medically necessary.