MAXIMUS Federal Services

Case Number:	CM15-0104386		
Date Assigned:	06/08/2015	Date of Injury:	09/21/2012
Decision Date:	07/15/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/01/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: New Jersey, Alabama, California
Certification(s)/Specialty: Neurology, Neuromuscular Medicine

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 67 year old female who sustained an industrial injury on 09/21/2012. Treatment provided to date has included: physical therapy, trigger point injections, medications, and lumbar epidural steroid injections (3). Diagnostic tests performed include: MRI of the lumbar spine (05/08/2015) showing multilevel disc bulging and protrusions (L3-S1) with moderate to high grade facet and spinal stenosis; electrodiagnostic and nerve conduction testing of the bilateral lower extremities (05/08/2015) showing abnormal needle EMG findings, absent sensory nerve and motor conduction findings and prolonged late responses. On 05/05/2015, physician progress report noted complaints of low back pain with rating pain to both lower extremities. Pain is rated as 6-8 (0-10) and states the pain is aggravated by standing and walking. Additional complaints include numbness, weakness and dis-coordination in both hands. The physical exam revealed stooped forward gait, toe-to heel walk reveals generalized weakness I both feet with dorsiflexion and plantar flexion, and restricted range of motion. The provider noted diagnoses of herniated disc at L3-S1 with central foraminal stenosis and lateral recess stenosis. Due to increasing pain, the injured worker agrees to the plan for surgical intervention. Plan of care includes a wide decompression of L3 to the sacrum. The injured worker's work status totally temporarily disabled. Requested treatments include one lumbar decompression of L3 to the sacrum and a 3 day inpatient hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

One lumbar decompression of L3 to the sacrum: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: According to MTUS guidelines, direct methods of nerve root decompression include laminotomy, standard diskectomy, and laminectomy. Chemonucleolysis with chymopapain is an example of an indirect method. Indirect chemical methods are less efficacious and have rare but serious complications (e.g., anaphylaxis, arachnoiditis). Percutaneous diskectomy is not recommended because proof of its effectiveness has not been demonstrated. Recent studies of chemonucleolysis have shown it to be more effective than placebo, and it is less invasive, but less effective, than surgical diskectomy; however, few providers are experienced in this procedure because it is not widely used anymore. Surgical diskectomy 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. Given the extremely low level of evidence available for artificial disk replacement or percutaneous endoscopic laser diskectomy (PELD), it is recommended that these procedures be regarded as experimental at this time. There is no clear evidence of disc prolapse requiring decompression. There is no objective evidence of lumbar radiculopathy. There is no clear and objective evidence of failure of all conservative therapies. Therefore, the request for One Lumbar Decompression of L3 to the sacrum is not medically necessary.

3 days 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.