

Case Number:	CM15-0189139		
Date Assigned:	10/01/2015	Date of Injury:	06/19/2012
Decision Date:	11/09/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/25/2015

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: California, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 50 year old, male who sustained a work related injury on 6-19-12. A review of the medical records shows he is being treated for low back pain. Treatments have included previous lumbar surgery. In the progress notes, the injured worker reports "worsening" low back pain over the last two to three months with left-sided sciatic left leg pain with associated intermittent numbness and tingling. On physical exam dated 8-28-15, he has slightly restricted lumbar range of motion. He has a positive straight leg raise with left leg. He has slight muscle weakness in his dorsiflexors at 4 to 4+ out of 5. He has sensory changes to the left L5 dermatome. Lumbar x-rays showed "diminished disc space height at L4-5, but normal alignment." MRI scan is "consistent with a potential recurrent disc herniation L4-5 on the left side versus a synovial cyst extruded from the L4-5 facet joint. The T2 images are suggestive of a facet cyst impinging the nerve roots and the thecal sac. T1 images with contrast are more consistent with a probable recurrent disc." No documentation of working status. The treatment plan includes a request for lumbar spine surgery. In the Utilization Review dated 9-9-15, the requested treatment of lumbar laminectomy, microdiscectomy or cystectomy at the L4-5 level is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy, Microdiscectomy, or cystectomy at the L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, discectomy/laminectomy criteria.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. There is no documentation of appropriate non-operative treatment. Therefore the guideline criteria have not been met and determination is not medically necessary.