

Case Number:	CM15-0041120		
Date Assigned:	03/11/2015	Date of Injury:	09/21/1999
Decision Date:	05/05/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/04/2015

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: Illinois, California, Texas
 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 43-year-old male who sustained an industrial injury on 9/21/66. Injury occurred while performing training exercise. Past medical history was positive for cerebral aneurysm, subarachnoid hemorrhage, and right carotid stenosis. The 1/27/15 treating physician report cited intermittent grade 5-7/10 lower back pain radiating to the right leg, aggravated by daily activities. Physical exam documented normal gait, moderate loss of lumbar range of motion, and positive straight leg raise on the right. There was 4/5 right extensor hallucis longus weakness, absent right Achilles reflex, and numbness right lateral foot. X-rays showed lumbar disc degeneration at L4/5 with bone spur. MRI findings from 5/1/14 showed L4/5 annular tear, disc protrusion and right foraminal stenosis. There was persistence and worsening of right leg radiculopathy despite epidural injection, exercise therapy, and medication. The treatment plan recommended laminotomy, laminectomy, and/or discectomy surgery. The treatment plan includes home exercise and medication. The 2/10/15 utilization review non-certified the request for laminotomy, laminectomy, discectomy as there was no imaging evidence of a significant nerve compression that would explain the injured worker's right-sided low back pain or be amenable to surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminotomy, Laminectomy, Discectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have not been fully met. This injured worker presented with persistent and function-limiting low back and right lower extremity pain. Clinical exam findings were positive for reflex and motor deficits but there was no imaging report available for corroboration and/ or detailed imaging findings of nerve root compression or lateral recess stenosis documented. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, the requested surgical level is not specified. Therefore, this request is not medically necessary at this time.