

Case Number:	CM14-0117881		
Date Assigned:	08/08/2014	Date of Injury:	09/16/2010
Decision Date:	10/09/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/28/2014

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 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:

According to the records made available for review, this is a 40-year-old female with a 9/16/10 date of injury. At the time (6/20/14) of the request for authorization for low back disk surgery, there is documentation of subjective (low back pain that radiates down both legs, symptoms are worse in her left leg compared to the right) and objective (lumbar range of motion allowing for flexion of 70 degrees) findings, imaging findings (6/20/14 medical report identifies MRI showed L4-5 left foraminal protrusion with moderate left and mild right foraminal stenosis (imaging report not available for review)), current diagnoses (lumbar strain, L3-4 annular tear, and small left foraminal disc protrusion at L4-5 with sciatica), and treatment to date (medication, physical therapy, acupuncture, and chiropractic treatment). Medical reports identify that left L4-5 micro lumbar discectomy and foraminotomy is requested. There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), accompanying objective signs of neural compromise, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low Back Disk Surgery: Upheld

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

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 Chapter, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of lumbar strain, L3-4 annular tear, and small left foraminal disc protrusion at L4-5 with sciatica. In addition, there is documentation of activity limitations due to radiating leg pain for more than one month. However, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy) and accompanying objective signs of neural compromise. In addition, despite the 6/20/14 medical report identifying MRI showed L4-5 left foraminal protrusion with moderate left and mild right foraminal stenosis, given the absence of an imaging report, there is no documentation of imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings. Therefore, based on guidelines and a review of the evidence, the request for low back disk surgery is not medically necessary.