

Case Number:	CM14-0119122		
Date Assigned:	09/19/2014	Date of Injury:	06/26/2012
Decision Date:	10/29/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/29/2014

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 General Surgery, has a subspecialty in Hand Surgery and is licensed to practice in Texas. 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 patient is a 38-year-old male with a 06/26/12 date of injury. A 03/25/14 trans-foraminal right lumbar epidural steroid injection was performed at L5-S1, total of two levels. 04/10/14 progress report states that the patient had an overall reduction of 20% in his pain and about a 20% increase in ADLs. A 08/27/14 lumbar MRI states facet hypertrophy with mild proximal left neural foraminal narrowing at L5-S1. Congenital narrowing of the spinal canal on developmental basis with mild central canal narrowing was noted at L3-L4 and L2-L3 and L1-L2 levels. Disk bulge at L5-S1 is 1 mm. A 09/11/14 progress report states that the patient presents with low back pain. Pain persists in the right pelvic brim and junction. It radiates down the lateral aspect of the right buttock extending down to the lateral aspect of the ankle with tingling in the lateral toes. Physical exam states mildly decreased lordosis with moderate tenderness in the right junction. Moderate spasm in the paravertebral musculature on the left with slight in the right. Definite atrophy of the right gluteus compared to the left with moderately positive sciatic notch tenderness with negative on the right. Extension and rotation to the right causes discomfort in the right. The left paravertebrals are moderately prominent as compared to the right. Range of motion 40 degrees of forward flexion with a slow return to an erect posture, extension 10 degrees, rotation 20 degrees/25 degrees, lateral bending 20 and 25 degrees. The reports states that a prior EDS conducted in 2013 concluded L5 and S1 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 decompression, right side 3-4 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM p. 306; Official Disability Guidelines, Discectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG) Low Back Chapter ODG Indications for Surgery -- Discectomy/laminectomy -- Required symptoms/findings; imaging studies; & conservative treatments below:

Decision rationale: The guideline criteria for decompression have not been met. The objective findings of the physician described in the 09/11/14 progress report are indicative of S1 radiculopathy. Examination findings do not describe L5 radiculopathy. Most importantly, the MRI report states that the disk bulge at L5-S1 is only 1 mm, and there is only a mild neural foraminal narrowing at L5-S1. Therefore, since a 1 mm disk bulge is unlikely to impinge on the S1 nerve root, as well as the fact that the mildly narrowed L5-S1 foramen houses the exiting L5 nerve root, for which the radicular symptoms have not been described; the medical necessity for a decompression at L5-S1 level has not been established. The symptomatic S1 nerve root exits at the S1-2 foramen. In addition, the MRI report describes mild congenital central canal narrowing L1 through L4. There is no discussion of possibility of this occurrence affecting the patient's symptoms. In conclusion, the clinical findings do not establish the necessity to decompress the L5-S1 space. The bulge is minimal at 1 mm and the disc height is preserved. There is no evidence of impingement of root nerve involvement per the MRI. The spinal canal is patent, left foraminal narrowing is mild, and the patient does not have L5 radicular symptoms, either. Guidelines do not support this request as there is nothing to decompress at this level.