

Case Number:	CM14-0119417		
Date Assigned:	08/15/2014	Date of Injury:	06/07/2013
Decision Date:	09/19/2014	UR Denial Date:	07/24/2014
Priority:	Standard	Application Received:	07/30/2014

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 Spine 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 injured worker is a 47-year-old female who reported an injury on 06/07/2013. The mechanism of injury was the injured worker was leaning in her car to obtain work supplies when a car came behind her car and struck the door of her car, causing it to swing open and forcefully swing closed, causing the impact on the injured worker's lower legs between the door and the door jamb. The force caused the injured worker to bend into the car and the injured worker started having numbness in the posterior aspect of the left calf the following day. Prior treatments included physical therapy, acupuncture, massage, chiropractic care and an epidural steroid injection. The injured worker underwent an MRI of the lumbar spine on 08/05/2013 which revealed at L5-S1, there was disc degeneration and minimal central disc protrusion extending into the epidural fat touching the thecal sac and S1 nerve root sleeves, but were not obviously deflecting either nerve root. The injured worker underwent x-rays for the neck and lumbar spine. The medications were noted to include Maxalt, acetaminophen, and tramadol HCl. The documentation of 04/01/2014 revealed the injured worker had an epidural steroid injection on 06/25/2013 that gave 60% relief and gradually wore off after 10 days. The injured worker indicated she was not doing well. The injured worker had constant low back pain and sitting caused severe pain. The injured worker had numbness and tingling radiating down her left leg. The response to the epidural indicated the injured worker had a 20% improvement in pain and that the pain referred after a few days. The surgical history was stated to be none. The physical examination revealed the injured worker had decreased range of motion. The injured worker had mild sacral pain and low back pain on the left. The straight leg raise was positive on the left at 60 degrees sitting, producing back and leg pain. There was sciatic notch tenderness on the left. There was hypoesthesia in an L5 distribution. The treatment plan included a left L5-S1 epidural steroid injection to confirm relief. This request was made to possibly avoid foraminal

decompression surgery. The injured worker subsequently underwent an epidural steroid injection on the left at L5-S1. There was a Request for Authorization for a left L5-S1 hemilaminotomy and foraminotomy made on 7/16/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative Physical Therapy for the Lumbar Spine (2x6): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.

Left L5-S1 Hemilaminotomy and Foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Microdiscectomy and ODG, Low Back Chapter, Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that surgical consultations may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon physical examination. However, there was a lack of documentation indicating the injured worker had electrophysiological evidence, as no electromyography and nerve conduction study were submitted for review. There was a lack of documentation of a failure of conservative treatment, as it was indicated the injured worker would undergo an epidural steroid injection to try and decrease the chances of a necessity for surgery. There was a lack of documentation of the physical examination submitted with the request, post injection and a rationale for the requested surgical intervention. Given the above, the request for Left L5-S1 Hemilaminotomy and Foraminotomy is not medically necessary.