

Case Number:	CM14-0142855		
Date Assigned:	09/10/2014	Date of Injury:	09/28/2008
Decision Date:	10/17/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/03/2014

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 Surgeon, 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 65-year-old male who reported an injury on 09/28/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back and ultimately ultrasound L4-S1 fusion in 2011. The injured worker recently had an acute exacerbation of low back pain. The patient underwent an MRI on 07/16/2014 that documented there was a right laminectomy at the L5 and hardware with pedicle screws at the L4-5 and L5-S1; and partial fusion at the L4-5 and L5-S1. It was also noted that the injured worker had a disc herniation with extrusion at the L2-3, with no significant evidence of canal stenosis or neural foramen encroachment. The injured worker was evaluated on 08/18/2014. Physical findings included decreased sensation in the L3 dermatomal distribution on the right side, with normal motor strength and normal deep tendon reflexes. A request was made for a right L2-3 microdiscectomy and hemilaminectomy to assist with decompression and alleviate the injured worker's radicular symptoms. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-L3 microdiscectomy and hemilaminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG, Low Back (updated 08/22/2014), Discectomy / Laminectomy

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

Decision rationale: The requested right L2-3 microdiscectomy and hemilaminectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends decompression surgery for patients who have significant radicular findings consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation indicates that the patient was at a good functional level without significant pain complaints until a recent exacerbation of lumbar pain. There is no documentation that the patient has recently received any type of conservative treatment for this acute exacerbation and would require surgical intervention. Additionally, the imaging study does not provide any evidence of spinal cord stimulator, neural foraminal encroachment, or nerve root impingement. Therefore, surgical intervention would not be supported in this clinical situation. As such, the requested right L2-3 microdiscectomy and hemilaminectomy is not medically necessary or appropriate.