

Case Number:	CM14-0146598		
Date Assigned:	09/12/2014	Date of Injury:	02/26/2013
Decision Date:	10/15/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/09/2014

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:

The claimant is a 28-year-old gentleman who sustained an injury to the low back in a work related accident on 02/26/13. The records provided for review included the report of a lumbar MRI dated 07/15/13 that identified severe canal stenosis at L1-2 with a central disc herniation, moderately severe crowding at the L3-4 and L4-5 levels due to disc bulging and congenital findings at the canal, and a central disc protrusion at L5-S1, abutting upon the exiting left S1 nerve root. The records documented that the claimant was treated conservatively. The report of the follow up visit on 08/13/14 noted increased low back and radiating leg pain and impaired mobility. Objectively, examination revealed strength was 4/5 in all planes, diminished right sided Achilles reflex, tenderness to palpation of the paraspinal muscles and inability to perform range of motion secondary to pain. It was documented that the claimant had previously undergone an L1-2 microdiscectomy due to acute bladder incontinence. The recommendation was made for revision L1-2 procedure with microdiscectomy and posterior fusion and an L3-S1 laminectomy. Documentation of conservative treatment has included medications, activity restrictions, physical therapy and work modification. No additional imaging reports were provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1 & L2 microdiscectomy and posterior fusion instrumentation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, 310.

Decision rationale: Based on California ACOEM Guidelines an L1-2 microdiscectomy and posterior fusion would not be supported. While this individual is noted to be with prior microdiscectomy at the L1-2 level, there is no current imaging demonstrating segmental instability that would support or necessitate the need for a fusion procedure. While this individual continues to have pain complaints, primarily axial in nature, the acute role of the surgical process in question would not be supported. Therefore, the request is not medically necessary.

L3-S1 laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter

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

Decision rationale: California ACOEM Guidelines would not support compressive laminectomy from L3-S1. The role of this three level procedure would not be supported by claimant's imaging and physical examination that fails to clinically correlate radicular processes to all three requested levels of surgery. Without clinical correlation between radicular findings, imaging and/or electrodiagnostic testing, the acute role of surgical process from L3-S1 would not be indicated. Therefore, the request is not medically necessary.