

Case Number:	CM14-0163894		
Date Assigned:	10/08/2014	Date of Injury:	08/05/2011
Decision Date:	11/04/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/06/2014

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 Pain Management, 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 injured worker is a 56-year-old male with a date of injury on August 5, 2011. The May 12, 2014 records indicate that the injured worker reported that his back was essentially no better. He has chronic axial back and right leg radicular pain. He rated his pain as 7/10. He reported that he saw a qualified medical evaluator on November 23, 2013 a clinical psychologist. He was recommended to undergo 15 sessions of cognitive behavioral therapy. He was also recommended to undergo surgery after being cleared psychologically. On examination, he showed right L4 hypesthesia. Trace weakness was noted in the right extensor hallucis longus. He has positive straight leg raising test on the right and reproduced leg radicular pain at 60 degrees. Magnetic resonance imaging performed on January 20, 2014 indicated fairly advanced spondylosis and disc degeneration throughout the lumbar segments. There was significant circumferential stenosis and it was significant at both lateral recesses (4-5). He has small to moderate degenerative bulge as well at the right 3-4. August 8, 2014 records indicate that the injured worker requires individual psychological treatment specifically 6 cognitive behavior therapy sessions. August 11, 2014 records indicate that he underwent a psychological test re-assessment. August 29, 2014 records indicate that the injured worker's psychological treatment was cut short because his providers were not within network. Records dated September 8, 2014 indicate that the injured worker complained of lower back pain rated at 6-8/10 which he characterized as aching, sharp, shooting, and stabbing. The pain radiates to the left thigh, right thigh, right leg, and right foot. He reported that medications were less effective. He is noted to be experiencing depressive symptoms, worry and irritation. He felt fatigued and complained of reduced energy. The lumbar spine examination noted restricted range of motion especially with flexion and extension both of which are limited by pain. Tenderness was noted over the paravertebral muscles, bilaterally, as well as on the L1, L2, L3, L4, and L5. The straight leg

raising test was positive on the right in both sitting and supine position. Knee flexors were 3/5 on the right. Sensation was decreased over the medial and lateral calf on the right side. He is diagnosed with (a) thoracic or lumbosacral neuritis or radiculitis not otherwise specified; (b) lumbar or lumbosacral disc degeneration; and (c) lumbar disc displacement without myelopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 Laminectomy, follow up visit: Upheld

Claims Administrator 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)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Laminectomy/laminotomy Official Disability Guidelines (ODG) Low Back Chapter, Office visits Official Disability Guidelines (ODG) Low Back Chapter, Psychological Screening Official Disability Guidelines (ODG) Low Back Chapter, Behavioral Treatment

Decision rationale: Records indicate that the injured worker's provider agreed to hold off his surgery due to psychological/psychiatric issues. Because of ongoing psychological/psychiatric issues, his provider agreed to hold off his surgery until he has underwent psychological clearance and proper treatment was provided. In this case, current records indicate that the injured worker has just begun his psychological sessions and there is no provided document regarding psychological clearance. Additional records indicate that psychological treatment is still underway. Until evidence of psychological clearance and psychological evaluation is completed and presented, the requested L3-L5 laminectomy and follow-up visit is not considered medically necessary.