

Case Number:	CM14-0165304		
Date Assigned:	10/10/2014	Date of Injury:	08/21/2013
Decision Date:	11/12/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/07/2014

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 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 30-year-old male who reported an injury on 08/21/2013 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included physical therapy, chiropractic care, acupuncture, bracing, anti-inflammatory medications, and epidural steroid injections. The injured worker underwent an x-ray on 08/11/2014 that documented that there were degenerative changes and mild space narrowing at L5-S1. The injured worker had previously undergone a MRI on 01/31/2014 that documented there was a broad based disc bulge at L5-S1 causing mild canal stenosis and mild lateral recess stenosis. There was a disc bulge at L4-5 with mild canal stenosis. The injured worker was evaluated on 09/17/2014. It was documented that the injured worker had persistent low back complaints and mild right shoulder complaints. Physical examination findings included limited range of motion of the lumbar spine secondary to pain. The injured worker had 4/5 muscle strength testing with notable trigger points in the lumbar paraspinal musculature. The injured worker's diagnoses included left shoulder impingement syndrome, left shoulder synovitis, left shoulder rotator cuff tear, lumbar disc protrusion at L3-4, L4-5, and L5-S1, lumbar radiculopathy, status post lumbar epidural steroid injection on 07/17/2014, and 6 months status post left shoulder arthroscopic surgical repair on 03/26/2014. A request was made for lumbar laminotomy, microdiscectomy, foraminotomy and decompression at L5-S1. The injured worker had severe disabling low back pain and lower leg pain that had failed to respond to conservative treatment. 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:

Lumbar Posterior Laminotomy, Microdiscectomy and Decompression at Left L5-S1 level:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: The requested Lumbar Posterior Laminotomy, Microdiscectomy and Decompression at Left L5-S1 level is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention to include decompression for the lumbar spine when there are severe disabling radicular symptoms that have failed to respond to conservative treatment consistent with pathology identified on an imaging study. The clinical documentation does indicate that the injured worker underwent a MRI that identifies pathology that would benefit from surgical intervention; however, an independent evaluation of this report was not provided. Additionally, it is noted that the injured worker has severe disabling low back symptoms. However, there is no documentation of severe disabling pain. The injured worker has 4/5 motor strength. There are no other findings consistent with radiculopathy to include sensory deficits, deep tendon reflex deficits, or severe weakness. As such, the requested Lumbar Posterior Laminotomy, Microdiscectomy and Decompression at Left L5-S1 level is not medically necessary or appropriate.