

Case Number:	CM14-0166377		
Date Assigned:	10/13/2014	Date of Injury:	08/08/2013
Decision Date:	12/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/09/2014

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 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 32-year-old male who reported an injury on 08/08/2013. The mechanism of injury was not provided. The surgical history was not provided. The injured worker was noted to undergo a magnetic resonance imaging (MRI) of the lumbar spine on 05/30/2014 which, per the documentation, indicated the injured worker had L4-5 and L5-S1 degenerative disc disease. There was diffuse L5-S1 disc bulging contributing to a significant bilateral left greater than right neural foraminal stenosis. There was moderate right paracentral L4-5 disc protrusion. The most recent physician documentation was dated 05/09/2014 and revealed the injured worker had low back pain and bilateral leg radiculopathy. The injured worker's medications were noted to include Naprosyn and Vicodin. The other treatment modalities were not provided. The physical examination revealed the injured worker had a difficult time rising from a seated to a standing position. The straight leg raise was strongly positive bilaterally for lower back pain. With the straight leg raise, the injured worker had left leg pain and gluteal pain. The treatment plan included a neurosurgeon appointment. There was no Request for Authorization submitted for review, nor was there physician documentation requesting the surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for an injured worker who has severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, and preferably, there are 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 and clear clinical and imaging 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. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to provide objective findings to support the necessity for surgical intervention. There was a lack of documentation of x-ray studies in flexion and extension. The clinical documentation submitted for review failed to provide the official MRI report. There was a lack of physician documentation with objective findings from the requesting physician. Given the above, the request for a right L4-5 laminectomy is not medically necessary.

Right L4-5 Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for an injured worker who has severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, and preferably, there are 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 and clear clinical and imaging 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. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. The clinical documentation submitted for review failed to provide objective findings to support the necessity for surgical intervention. There was a lack of documentation of x-ray studies in flexion and extension. The clinical documentation submitted for review failed to provide the official MRI report. There was a lack of physician documentation with objective findings from the requesting physician. Given the above, the request for a right L4-5 laminectomy is not medically necessary.

