

Case Number:	CM14-0181164		
Date Assigned:	11/05/2014	Date of Injury:	07/28/2011
Decision Date:	12/09/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	10/31/2014

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, is Spine Fellowship Trained, 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:

According to the records made available for review, this is a 36-year-old male with a 7/28/11 date of injury. At the time (9/9/14) of request for authorization for Right L5-S1 micro lumbar discectomy and laminectomy, there is documentation of subjective (low back pain and right leg pain radiating to foot) and objective (decreased lumbar flexion, decreased sensory exam over right lateral foot, weakness over right calf, and unobtainable deep tendon reflex) findings, imaging findings (MRI lumbar spine (6/6/14) report revealed L5-S1 focal disc protrusion, mild spinal canal stenosis without mass effect on thecal sac, and mild to moderate bilateral foraminal stenosis), current diagnoses (right sciatica and L5-S1 disc protrusion/foraminal stenosis), and treatment to date (chiropractic treatment, physical therapy, activity modification, lumbar epidural injection, and medications).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 micro lumbar discectomy and laminectomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-30. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of right sciatica and L5-S1 disc protrusion/foraminal stenosis. In addition, given documentation of subjective (low back pain and right leg pain radiating to foot) and objective (decreased sensory exam over right lateral foot, weakness over right calf, and unobtainable deep tendon reflex) findings, there is documentation of subjective (pain in a nerve root distribution) and objective (sensory changes, motor changes, and reflex changes) findings which confirm presence of radiculopathy; and severe and disabling lower leg symptoms. Furthermore, there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Lastly, given documentation of imaging findings (MRI of lumbar spine identifying L5-S1 focal disc protrusion, mild spinal canal stenosis, and mild to moderate bilateral foraminal stenosis), there is documentation of imaging findings (moderate neural foraminal stenosis). Therefore, based on guidelines and a review of the evidence, the request for Right L5-S1 micro lumbar discectomy and laminectomy is medically necessary.