

Case Number:	CM14-0093027		
Date Assigned:	07/25/2014	Date of Injury:	12/15/2009
Decision Date:	10/06/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	06/19/2014

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 Neurological 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 records, presented for review, indicate that this 40-year-old gentleman was reportedly injured on December 15, 2009. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated June 11, 2014, indicated that there were ongoing complaints of low back pain radiating to the right anterior side. The physical examination demonstrated minimal weakness in the right quadriceps and the left EHL as well as decreased sensation on the left L5 and S1 dermatomes. Diagnostic imaging studies of the lumbar spine, May 29, 2014, noted annular disc bulging and facet hypertrophy was unchanged from prior studies. Previous treatment included a bilateral L3-L4, L4-L5 and L5-S1 hemilaminectomy and a right L3-L4 microdiscectomy in 2010. There was a subsequent revision at L4-L5 and L5-S1 fusion in 2011. A third lumbar spine surgery included a revision discectomy and fusion at L5-S1 was performed in 2012. There has also been treatment with transforaminal epidural steroid injections. A request had been made for a right sided L2-L3 laminotomy and microdiscectomy and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-L3 Laminotomy and Microdiscectomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004): Low Back Disorders; Clinical Measures, Surgical Considerations (electronically cited).

Decision rationale: The ACOEM practice guidelines support a lumbar laminectomy/discectomy for the treatment of subacute and chronic radiculopathy due to ongoing nerve root compression and for patients who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. The most recent MRI of the lumbar spine, dated May 29, 2014, was stated to show improvement of a disc protrusion at the L2-L3 level in comparison to prior studies without any evidence of any neural compression. As such, this request for a Right L2-L3 Laminotomy and Microdiscectomy is not medically necessary.