

Case Number:	CM14-0098127		
Date Assigned:	07/28/2014	Date of Injury:	09/12/2001
Decision Date:	09/19/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	06/26/2014

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 Surgery 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 61-year-old male who reported an injury on 09/12/2001. The injury reportedly occurred when he was assaulted at work. He was diagnosed with lumbar radiculopathy. His past treatments were not specified within the medical records submitted for review. Electrodiagnostic studies were performed on 05/16/2008. At the time of the studies, it was noted that the injured worker presented with complaints of low back pain with radiation to the bilateral lower extremities, right greater than left, with numbness and tingling in his feet. Studies revealed evidence of bilateral S1 radiculopathy. However, it was noted that clinical correlation was suggested. However, no additional clinical notes were provided for review. An MRI of the lumbar spine was performed on 02/06/2013. At the L4-5 level, it was noted that there was disc desiccation, diminished disc height, a 2 to 3 mm diffused posterior disc bulge containing a posterior annular tear, moderate narrowing of the spinal canal, bilateral facet arthropathy partially contributing to the subarticular recess narrowing, and possible partial impingement on the left and right traversing nerve roots. At the L5-S1 level, there was disc desiccation, diminished height, a 2 to 3 mm diffused posterior disc bulge with narrowing of the anterior thecal sac, a grade 2 to 3 posterior annular tear, no significant canal or foraminal narrowing, no evidence of central stenosis, normal lateral and subarticular recesses, and no evidence of nerve impingement. Recent clinical documentation was not provided with subjective and objective findings. In addition, the rationale for the requested bilateral L4-6 and L5-S1 laminotomy and discectomy was not provided. In addition, the request for authorization form for the requested surgery was also not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-L6 and L5-S1 Laminotomy and discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgery should only be considered for low back conditions when serious spinal pathology and/or nerve root dysfunction has not been responsive to conservative therapy and there is an obvious herniated disc. The guidelines also specify that the presence of a herniated disc on an imaging study, however, does not necessarily imply nerve root dysfunction. The criteria for surgical consultation is noted to include evidence of severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging and accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than 1 month or an extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The clinical information submitted for review included electrodiagnostic testing showing findings suggestive of bilateral S1 radiculopathy. However, it was suggested that clinical correlation was performed and clinical notes were not provided to establish symptoms and physical examinations in an S1 distribution. Additionally, an MRI of the lumbar spine was submitted which revealed pathology at the L4-5 and L5-S1 level. However, while there was the possibility of impingement at the L4-5, it was noted that there was no evidence of neural foraminal narrowing or nerve impingement at the L5-S1 level. Therefore, clarification is needed regarding the request for bilateral laminotomy and discectomy at the L5-S1 level. In addition, clarification is needed regarding the request which, as submitted, states L4-L6 level, which is not consistent with standard anatomy and the MRI results. Moreover, in the absence of recent clinical documentation showing evidence that the injured worker has failed an adequate course of conservative treatment, and that he has symptoms in the lower extremities in a distribution which correlates with diagnostic testing and physical examination findings, surgical intervention is not supported. As such, the request is not medically necessary.

1 day inpatient hospital length of stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the primary service is not supported, this associated service is also not supported.

