

Case Number:	CM14-0056517		
Date Assigned:	07/09/2014	Date of Injury:	10/06/2009
Decision Date:	07/24/2015	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/25/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, Indiana, Oregon
 Certification(s)/Specialty: Orthopedic Surgery

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 66 year old male who sustained an industrial injury on 10/06/2009. Current diagnoses include multilevel herniated nucleus pulposus of the cervical spine with moderate to severe stenosis, multi level degenerative disc disease and facet arthropathy of cervical spine, herniated nucleus pulposus of L4-L5 with severe stenosis, cervical radiculopathy, lumbar radiculopathy, cervical myelopathy with spinal cord compression, and NSAID induced gastritis. Previous treatments included medication management, cervical surgery, soft collar, occupational therapy, and physical therapy. Previous diagnostic studies include lumbar spine MRI dated 11/04/2011 and 10/09/2013, cervical spine MRI dated 10/09/2013, cervical x-rays dated 11/19/2013, 12/16/2013, 01/13/2014, electrodiagnostic study dated 10/04/2011, and a sleep study dated 10/28/2011. Report dated 01/08/2014 noted that the injured worker presented with complaints that included neck and low back pain. Pain level was 6-8 out of 10 on a visual analog scale (VAS). Physical examination was positive for tenderness to palpation in cervical and lumbar regions with associated muscle spasms, decreased range of motion, decreased sensation, decreased strength, straight leg raise is positive with radiating symptoms to the foot bilaterally, and slump test is positive bilaterally. The treatment plan included discussed treatment options, continued request for microlumbar decompression, request for 12 post operative chiropractic sessions, request for general practitioner follow ups, prescribed Prilosec, Lidopro cream, Tramadol ER, Flexeril, Elavil, discontinue Norco, and follow up in 6 weeks. Disputed treatments include microlumbar decompressive surgery, bilateral L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar Decompressive Surgery, Bilateral L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back (updated 02/13/14); Indications for Surgery.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. The MRI of 11/4/11 does not show a clear compressive lesion at the corresponding level to the abnormal physical exam findings or abnormal EMG findings to warrant decompression. Based on this the request is not medically necessary.