

Case Number:	CM15-0015720		
Date Assigned:	02/03/2015	Date of Injury:	06/14/2013
Decision Date:	03/26/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/27/2015

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: Minnesota, Florida
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 57 year old male injured worker suffered an industrial injury on 6/14/2013. The diagnoses were lumbago, multilevel lumbar degenerative disc disease and spondylosis, lumbar radiculopathy. The diagnostic studies were magnetic resonance imaging, electromyography. The treatments were medications, physical therapy. The treating provider reported continued low back pain with complaints of right leg radiculopathy positive straight leg raise. The magnetic resonance imaging revealed partial effacement of the cerebral spinal fluid. The Utilization Review Determination on 1/12/2015 non-certified right L4-5 microscopic decompression and post-operative physical therapy lumbar spine 3x4, citing MTUS ACOEM, ODG

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 microscopic depression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Discectomy/laminectomy

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

Decision rationale: Per AME of April 30, 2014 his chief complaint was low back pain radiating down the right lower extremity. Medical history was remarkable for hypertension, obesity, diabetes mellitus, elevated lipids, cholecystectomy and history of colonic polyps. On neurologic exam manual muscle testing was 5/5 in both lower extremities. Reflexes were 2+ in the patellae and ankles. 2 point discrimination was normal. Straight leg raising was negative. He had a positive facet sign on the right. Range of motion of the lumbar spine was limited and he had spasms over the lumbar paraspinal muscles. The MRI scan of the lumbar spine dated September 24, 1998 revealed degenerative disc disease, mild diffuse disc bulging at L4-5 disc annulus. Epidural steroid injections were recommended but were held due to elevated blood sugar. A functional restoration program was recommended. In the opinion of the examiner the applicant did not appear to be a surgical candidate. He had another lumbar MRI more recently on December 8, 2014 which revealed stable moderate degenerative disc disease resulting in mild canal stenosis at the L4-5 level as well as neural foraminal narrowing. In the body of the report, the L4-5 level was reported to demonstrate moderate broad-based disc bulge with mild hypertrophy of the facet joints posteriorly resulting in mild canal narrowing. It measured approximately 7 mm at midline with partial effacement of the CSF from around the nerve roots. The neural foramina were moderately narrowed bilaterally. Per exam notes of January 2, 2015, he was complaining of low back pain with radiation into the right leg in a pattern suggestive of L5 radiculopathy. On examination sensation was normal to light touch in all 4 extremities. Gait was normal. Deep tendon reflexes including the knee jerks and Achilles reflexes were normal. There was no clonus. Musculoskeletal examination revealed normal range of motion without pain or crepitus. Axial back pain was present with radiation to the lateral aspect of the leg, the dorsum of the foot and the big toe on the right. The assessment was low back pain with lumbar radiculopathy. X-rays of the lumbar spine performed in the office were reviewed. Standing AP and lateral views revealed intervertebral disc height was maintained. There was no evidence of spondylolisthesis or pathological instability. A recommendation was made to proceed with spine surgery consisting of right L4-5 microscopic decompression. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. No objective findings are documented on examination. Surgical considerations also are indicated for activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms and 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. Physical examination did not reveal any objective findings. There is no clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgery. As such, the request for microscopic decompression at L4-5 is not supported by guidelines, and the medical necessity of the request is not substantiated.

Post-op physical therapy lumbar spine 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: The requested surgery is not medically necessary. Therefore the request for post-operative physical therapy lumbar spine 3x4 is also not medically necessary.