

Case Number:	CM15-0037049		
Date Assigned:	03/05/2015	Date of Injury:	09/04/2012
Decision Date:	05/18/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/27/2015

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: California

Certification(s)/Specialty: Pediatrics, Neurological 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 49-year-old female who reported an injury on 09/04/2012. The mechanism of injury was prolonged and repetitive job activities. The diagnoses include displacement of lumbar intervertebral disc without myelopathy and lumbar sprain/strain. Past treatments include pain medications, a TENS unit, and acupuncture. The diagnostic studies include an MRI from 06/23/2014 that noted a lumbar spine with a 4 mm broad based disc protrusion and bulge at L1-2, a 5 mm disc bulge and protrusion at L2-3, a 5 mm disc bulge and protrusion at L3-4, a 2 mm disc bulge and 4 mm central disc protrusion at L4-5, and a 2 mm disc bulge and 4 mm broad based disc protrusion at L5-S1. There was mild central preforaminal and foraminal stenosis at L1-2 and L4-5, moderate at L2-3 and L3-4. There was facet arthropathy present at L2-3 through L5-S1. There is no surgical history provided. The injured worker noted that he felt his condition had worsened. He also noted that he had been getting little sleep and continued to feel stress, anxiety, mood changes, and depression due to pain. The injured worker complained of low back pain that radiated to the coccyx/tailbone area. The pain was constant in terms of frequency and was experienced with movement. The physical exam noted tenderness to palpation in the lumbar spine joint line with the left greater than the right. There was pain with flexion and extension. The injured worker had a positive straight leg raise on the left. There was bilateral hamstring tightness with the left being greater than the right. There was also decreased sensation in the left leg/foot. There were no medications provided. The treatment plan was for the injured worker to work on core stabilization and strengthening as well as to have a psych consultation and request authorization for lumbar spine surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5 and L5-S1 Lumbar Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 19th Edition Laminectomy/laminotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

Decision rationale: The request for L2-3, L3-4, and L5-S1 lumbar laminectomy is not supported. The injured worker has a positive straight leg raise on the left. There was bilateral hamstring tightness with decreased sensation in the left leg and foot. The MRI noted that there was mild central preforaminal and foraminal stenosis at L1-2 and L4-5, moderate at L2-3 and L4-5. Facet arthropathy was present at L2-3 through L5-S1. The California MTUS/ACOEM recommends that surgery should not be based solely on imaging studies. There needs to be failure of conservative treatment to resolve disabling radicular symptoms. There needs to be severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies. There was decreased sensation in the left foot and leg but there was not a specific dermatomal distribution noted. There was no documentation that the injured worker had failed conservative treatment such as physical therapy. Therefore, the request is not medically necessary.

Associated Surgical Service: Inpatient Stay (1 day): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.