

Case Number:	CM15-0047162		
Date Assigned:	03/19/2015	Date of Injury:	11/02/2011
Decision Date:	05/13/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/12/2015

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 injured worker is a 56 year old male with an industrial injury dated November 2, 2011. The injured worker diagnoses include prolapsed lumbar intervertebral disc and lumbar radiculopathy. He has been treated with diagnostic studies, prescribed medications, transcutaneous electrical nerve stimulation (TENS) unit, physical therapy, injection therapy and periodic follow up visits. According to the progress note dated 1/23/2015, the injured worker reported back pain, leg pain and weakness. The treating physician noted that the Magnetic Resonance Imaging (MRI) in 2011 and 2014 revealed persistent left L4-5 disk herniation with stenosis on the exiting L5 nerve root. The treating physician requested procedure for a left L4-5 laminotomy with partial discectomy now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4/5 Laminotomy with Partial Discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305, 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Discectomy/Laminotomy, Laminectomy/Laminotomy, Mild (minimally invasive lumbar decompression); Lumbar Chapter, Percutaneous discectomy (PCD) and Blue Cross/Blue Shield Medical Policy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305, 306, 307.

Decision rationale: 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, activity limitations due to radiating leg pain for more than one month or 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. Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. Percutaneous endoscopic laser discectomy is regarded as experimental at this time. The injured worker meets the criteria for laminotomy and discectomy at L4-5 on the left. The prior utilization review denial was based upon non-specification of the procedure as minimally invasive percutaneous procedures are not recommended. The documentation submitted includes a progress note from 1/23/2015 according to which the recommendation was for a minimally invasive left L4-5 laminotomy and foraminotomy with partial discectomy. The guidelines do not recommend minimally invasive lumbar decompression although a tubular decompression is supported. Clarification was requested through a peer to peer contact which was not achieved. The addition of the foraminotomy implies that this is a tubular decompression and not a percutaneous procedure. As such, the request is supported and the medical necessity has been established.