

Case Number:	CM13-0011981		
Date Assigned:	03/10/2014	Date of Injury:	09/07/1982
Decision Date:	04/22/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

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 Surgery, has a subspecialty in Spine Surgery, and is licensed to practice in Texas and California. 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 patient is a 54-year-old male who reported an injury on 09/07/1982. The mechanism of injury was not stated. The patient is diagnosed with lumbar stenosis. The patient was seen by [REDACTED] on 07/29/2013. Physical examination revealed normal range of motion, localized weakness, intact sensation, and negative special testing. Treatment recommendations included a microlaminectomy at L3-4 and L4-5. The patient previously underwent an MRI of the lumbar spine on 05/22/2013 which indicated moderately severe canal stenosis at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MICROLAMINECTOMY SURGERY OF THE L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK - LUMBAR & THORACIC (ACUTE & CHRONIC).

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), LOW BACK CHAPTER.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity

limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. There should be evidence of a failure to respond to conservative treatment including activity modification, drug therapy (i.e., NSAID, other analgesic therapy, muscle relaxants), and an Epidural Steroid Injection (ESI). As per the documentation submitted, the patient does demonstrate moderate to severe central canal stenosis at L3-4 and L4-5. However, there is no documentation of an exhaustion of conservative treatment. The patient's physical examination revealed normal lumbar range of motion, negative special testing, and intact sensation. Without evidence of significant physical examination findings and an exhaustion of conservative care, the current request cannot be determined as medically appropriate. Therefore, the request is non-certified.

18 POST-OP PHYSICAL THERAPY VISITS FOR THE LUMBAR SPINE: 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: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

ONE MEDICAL CLEARANCE TO INCLUDE EKG AND LABS: 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: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.