

Case Number:	CM13-0012747		
Date Assigned:	11/06/2013	Date of Injury:	07/06/2012
Decision Date:	01/14/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in orthopedic surgery, has a subspecialty in spinal surgery and is licensed to practice in 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 physician 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 59-year-old with reported date of injury of 07/06/2012. The mechanism of injury is described as repetitive lifting work. Diagnoses include sprain and strain of the lumbar spine, status post surgical decompression L5-S1, bilateral L5 radiculopathy, residual disc protrusion, spinal stenosis, persistent left S1 radiculopathy, dizziness and mental cloudiness, likely related to gabapentin. On 09/12/2012, an MRI of the lumbar spine was obtained and a disc herniation was seen at L5-S1 neural compression. On 09/19/2012, he was seen in clinic for initial orthopedic evaluation and he had 5/5 strength in all muscle groups tested, deep tendon reflexes were normal and symmetrical, and there was no evidence of clonus bilaterally. There was no evidence of a positive Waddell's sign. He was taken to surgery on 01/31/2013 for an extensive lumbar laminectomy, discectomy at L5-S1 to the left with foraminotomy, lateral recess decompression, facetectomy, and neurological decompression. Electrodiagnostic studies performed in 08/2013 revealed bilateral L5 lumbar radiculopathy with active denervation to the left. MRI was performed in 06/2013 which revealed disc desiccation at L4-5 with mild anterior osteophytes and osteophytosis with a 4 mm anterolisthesis. There was some moderate narrowing of the thecal sac and there was severe narrowing of the right lateral recess as well as severe neural foraminal narrowing causing effacement of the right L4 neural foraminal. Moderate narrowing of the left lateral recess and moderate left neural foraminal narrowing. At L5-S1, there was a residual disc protrusion centrally into the right at the midline and this was non-enhancing. The abnormal enhancing tissue protruded an additional 3 mm to 4 mm posteriorly. He was seen back on 10/18/2013 and deep tendon reflexes were 2+ in the upper extremities, 1+ at the knees, and had absent ankle jerks bilaterally. He had decreased sensation to light touch and pinprick in the left L5 and S1-2 d

IMR ISSUES, DECISIONS AND RATIONALES

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

A laminectomy and lumbar fusion with instrumentation, L4 - S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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

Decision rationale: The Physician Reviewer's decision rationale: According to the Low Back Complaints chapter of the ACOEM Practice Guidelines, that there should be documentation of failure of lesser measures and there should be clear clinical imaging and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. While this patient does have electrodiagnostic studies confirming L5 radiculopathy, and he does have decreased strength and sensation, and decreased reflexes, there does not appear to be instability in the lumbar spine for which a fusion would be considered reasonable. The Low Back Complaints chapter of the ACOEM Practice Guidelines goes further, stating that for decompression and/or fusion to the lumbar spine, a psychosocial evaluation should be performed to enhance surgical outcomes. The records provided for this review do not document a psychosocial evaluation for this patient. The request for a laminectomy and lumbar fusion with instrumentation, L4 - S1 is not medically necessary or appropriate.

A four-day inpatient hospital stay with internist admission and physical: 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.