

Case Number:	CM13-0016239		
Date Assigned:	11/06/2013	Date of Injury:	09/28/2009
Decision Date:	01/28/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/26/2013

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, and is licensed to practice in New Hampshire, New York, and Washington. 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 case involves a date of injury of 9/28/2009. The patient was injured while driving a forklift at work, and jarred his back. He has neck and arm pain, with difficulty walking. He has been diagnosed with lumbar disc condition, and had 2 previous back surgeries without success. He is on multiple medications to include narcotics. The patient does self exercises. The exam reveals normal motor strength in all motor groups with the exception of the left ehl, tib ant, and hip adductors. Sensation was normal. The CT scan of the lumbar spine shows mild/moderate canal stenosis at L4-5, with an initial read indicating normal appearance of the disc space above the L5-S1 fusion level. The electromyography (EMG) reveals no active lumbar radiculopathy, and only possible stable, and mild, chronic L4 and L5 radiculopathy on the left.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG (Low Back Chapter). The Claims Administrator also cited the AMA Guides (Radiculopathy)

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

Decision rationale: The MTUS/ACOEM Guidelines indicate, "Except for cases of trauma-related spinal fracture or dislocation, fusion of the spine is not usually considered during the first

three months of symptoms. Patients with increased spinal instability (not work-related) after surgical decompression at the level of degenerative spondylolisthesis may be candidates for fusion. There is no scientific evidence about the long-term effectiveness of any form of surgical decompression or fusion for degenerative lumbar spondylosis compared with natural history, placebo, or conservative treatment. This patient does not meet established criteria for lumbar decompression foraminotomy surgery. The EMG does not demonstrate active and significant radiculopathy in the lumbar spine. The CT imaging study does not show severe compression of both the L4 and L5 nerve roots. There is no clear correlation between the physical exam findings and the imaging studies. There is no evidence of an active L4 and L5 radiculopathy being caused by lumbar spine neural compression. In addition, this patient has had two previous back surgeries, without documented success. The records do not indicate a recent, significant trial and failure of conservative measures to include physical therapy. The surgery is not medically needed.

Preoperative electrocardiogram (EKG): 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.

Preoperative chest x-ray: 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.

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