

Case Number:	CM13-0016579		
Date Assigned:	11/06/2013	Date of Injury:	12/15/2000
Decision Date:	01/27/2014	UR Denial Date:	08/19/2013
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 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:

The patient is a 45-year-old gentleman injured in a work related accident on 12/15/00. Clinical records specific to his lumbar complaints include a 08/27/13 assessment with [REDACTED], [REDACTED], where he was noted to be with diagnosis of chronic lumbosacral strain, congenital stenosis, prior compression fracture of T12 with degenerative disc and facet changes from L4 through S1. It stated now that the claimant has failed multiple forms of conservative measures including chiropractic therapy, multiple epidural injections, physical therapy, and activity restrictions, he stated that the claimant would be a candidate for a lumbar decompression and laminectomy at the L4-5 and L5-S1 level. Formal physical examination findings were not documented. Prior assessment of 07/11/13 indicated examination with positive straight leg raising, tenderness to lumbar palpation, equal and symmetrical reflexes, and weakness to the EHL bilaterally at 4+/5, and diminished sensation to the dorsolateral and dorsomedial aspects of the left foot and calf. Imaging reviewed include a 03/25/13 MRI report of the lumbar spine that showed L4-5 level to be moderate right neuroforaminal narrowing the L5-S1 level to be with a 3 mm disc bulge resulting in moderate right and severe left neuroforaminal narrowing with facet hypertrophy. The 04/05/13 electrodiagnostic studies to the lower extremities showed a mild chronic left L5 radiculopathy. At present, there is a request as stated for a L4-5 and L5-S1 laminectomy to be performed on this individual.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decision for decompressive laminectomy at L4-L5 and Foraminotomy on left at L5-S1 between 7/11/13 and 12/12/13: Upheld

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

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

Decision rationale: Based on California MTUS Guidelines, the role of surgical intervention in this case cannot be supported. The claimant is with injury dating back over 12 years that is noted to have been treated conservatively for over a decade with current imaging findings supportive of a degenerative process to the lumbar spine. At present, his physical examination findings do not clinically correlate with the need for two level surgical procedures at this subacute stage in the claimant's clinical course of care. Also, while the claimant has been noted to have been treated conservatively, specific documentation of recent care over the 6 to 12 months has not been formally noted. The absence of recent conservative measures in this claimant whose injury dates back over 12 years for acute surgical process would not be indicated.

pre-operative medical clearance (labs, Chest X-ray, EKG) between 7/11/13 and 12/12/13:
Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure, Preoperative electrocardiogram (ECG)

Decision rationale: Based on Official Disability Guidelines, as California MTUS Guidelines are silent, the need for preoperative assessment to include the testing as outlined would not be indicated as the role of operative intervention in this case has not yet been established. This specific request is not supported