

Case Number:	CM13-0025488		
Date Assigned:	01/03/2014	Date of Injury:	05/06/2013
Decision Date:	03/18/2014	UR Denial Date:	09/12/2013
Priority:	Standard	Application Received:	09/17/2013

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 Neurological 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. 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:

According to the records made available for review, this is a 47-year-old female with a 5/6/13 date of injury. At the time of request for authorization for L4-5 Posterior Lumbar Decompression with 1 Day Inpatient Stay and Pre-op Diagnostic Testing/H&P for Surgery Clearance, there is documentation of subjective (low back pain with radiation to the left leg) and objective (SLR test is abnormal with no motor or sensory deficits) findings, imaging findings (MRI Lumbar Spine (7/11/13) report revealed at L4-5, there is mild bilateral foraminal stenosis), current diagnoses (L4-L5 Lateral recess stenosis), and treatment to date (lumbar epidural steroid injections, physical therapy, activity modification, and medications). There is no documentation of objective (sensory changes or motor changes) radicular findings in the requested nerve root distribution and imaging findings (MODERATE or greater neural foraminal stenosis) at L4-L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Posterior lumbar decompression with 1 day, inpatient stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

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, Discectomy/laminectomy; hospital length of stay (LOS)

Decision rationale: MTUS reference to ACOEM identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminectomy. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, and imaging findings (nerve root compression or MODERATE or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of a diagnosis of L4-L5 Lateral recess stenosis. In addition, there is documentation of Symptoms/Findings (pain) which confirm presence of radiculopathy and conservative treatment (lumbar epidural steroid injections, activity modification, and medications). However, given documentation of objective findings (no motor or sensory deficits), there is no documentation of objective findings (sensory changes or motor changes) that correlate with symptoms. In addition, given documentation of imaging findings (MRI revealed that at L4-5, there is MILD bilateral foraminal stenosis), there is no documentation of imaging findings (MODERATE or greater neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings. Therefore, based on guidelines and a review of the evidence, the request for L4-5 Posterior Lumbar Decompression with 1 Day Inpatient Stay is not medically necessary.

Pre-op diagnostic testing/H&P for surgery clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for Pre-op Diagnostic Testing/H&P for Surgery Clearance is not medically necessary.