

Case Number:	CM13-0036368		
Date Assigned:	12/13/2013	Date of Injury:	08/03/2010
Decision Date:	01/31/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	10/21/2013

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. 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 63-year-old male who was injured on August 3, 2010 while working as a corrections officer. He describes experiencing severe low back pain after taking down an inmate. He's had conservative treatment to include physical therapy and activity limitation. He's had lumbar injection therapy. He continues to have chronic back pain. On physical examination, he has an excellent range of motion of his back, although extension produces back pain. Straight leg raising is normal. Neurologic examination demonstrates normal motor strength in all major lower extremity muscle groups. Sensation is normal in the bilateral lower extremities and reflexes are normal in the bilateral lower extremities. A Lumbar MRI shows degenerative disc condition from L1-L5. There is facet arthritis and neural foraminal narrowing with mild central spinal stenosis. No obvious neurologic entrapment is noted on the MRI. The patient has been diagnosed with multiple level degenerative disc condition with superimposed lumbar strain.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for a left greater than right wide-based laminectomies and medial facetectomies and foraminotomies: 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; and the AMA Guides to the Evaluation of Permanent Impairment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Pain Chapter.

Decision rationale: This patient clearly does not meet established criteria for lumbar decompressive surgery. Specifically the imaging studies do not document severe spinal stenosis with impingement of nerve root. The patient's MRI does not indicate severe pinching of the nerve roots. In addition, the patient has neurologically normal lower extremities on physical examination. There is no documented lumbar radiculopathy on physical examination. Since this patient does not have a documented lumbar radiculopathy and does not have a corresponding imaging study that indicate specific compression of the nerve root involved in the clinical radiculopathy, established guidelines for lumbar decompressive surgery are not met. Therefore the request for left greater than right wide-based laminectomies and medial facetectomies and foraminotomies is not medically necessary and appropriate.

The request for L4-L5-SI TLIF, inpatient length of stay: 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; and the AMA Guides to the Evaluation of Permanent Impairment.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Surgery for low back pain: a review of the evidence for an American Pain Society Clinical Practice Guideline.

Decision rationale: Criteria had not been established for lumbar fusion surgery. Specifically there is no lumbar instability documented in any imaging study. In addition, the patient does not have any red flags indicated for lumbar fusion such as a fracture, tumor, revision surgery, with documented instability. Therefore, the request for a L4-L5-SI TLIF, with an inpatient length of stay is not medically necessary or appropriate.