

Case Number:	CM13-0036675		
Date Assigned:	12/13/2013	Date of Injury:	06/05/2013
Decision Date:	04/02/2014	UR Denial Date:	10/04/2013
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 California. He/she has been in active clinical practice for more than five years and is currently working least at 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 59 year old male who was injured on 06/05/2013 while driving a power jack. He struck a pallet with his power jack causing him to severely twist the entire torso on his body from the impact. Prior treatment history has included medications, chiropractic treatment and physical therapy. 07/30/2013 Medications include: Nabumetone 750 mg tabs #20 twice everyday with foot Orphenadrine Citrate ER 100 mg tabs #30, one at bedtime Polar Frost 150 ml 5 oz gel tube apply every 6 to 8 hours Hydrocodone Bit. And Acet. 5/325 mg #20, one tab at bedtime for severe pain Omeprazole D. R. 20 mg #30, one tablet daily to protect stomach MRI of the lumbar spine without contrast performed 06/27/2013 revealed multilevel degenerative changes of the lumbar spine with moderate to severe spinal canal stenosis at L2-3 and mild to moderate spinal canal stenosis at L3-4, L4-5, and L5-S1; multilevel areas of neural foraminal stenosis, most severe at L5-S1 where there was moderate to severe bilateral neural foraminal stenosis. EMG and NCV performed on 12/05/2013 revealed electrodiagnostic study of bilateral lower extremities did not reveal any evidence of significant peripheral neuropathy and/or lumbosacral radiculopathy MRI of right fingers without contrast performed 12/06/2013 revealed ulnar subluxation of the first MCP joint with suspected chronic tear involving the distal attachment of the ulnar collateral ligament. The evaluation was limited due to low magnet signal strength. There was mild first MCP osteoarthritis; nonspecific marginal erosions were seen involving the second through fifth metacarpal heads suggesting a nonspecific inflammatory arthropathy such as rheumatoid arthritis. There was no evidence of an active inflammatory process. Correlation was recommended. 06/25/2013: Urine dip stick findings were normal. 08/20/2013: Physician progress report documented the patient to have complaints of continued low back pain. Physical therapy had been of some benefit. Objective findings on examination of the low back revealed no sagittal or coronal plane deformity. The patient was able to stand erect. There was restricted

range of motion due to pain. Neurologically, the patient was completely normal. 09/24/2013: Physician progress report documented the patient to have complaints of low back pain. He rated his pain at 7/10 and it was constant. He received some relief with sitting down with his feet up. He was not taking any medications at that time. The pain radiated into his bilateral buttocks and down his hamstrings and anteriorly across the anterior calf into his feet. Objective findings on neurological exam revealed the patient had positive straight leg raises bilaterally. He had decreased pinprick sensation in the left L4 and L3 distribution. He had absent knee jerks and ankle jerks bilaterally, whereas he had 2+ reflexes in his upper extremities bilaterally. On musculoskeletal exam, he had 4/5 strength in his left iliopsoas and quadriceps. His back had diffuse tenderness to palpation both in the midline and paraspinal. He had decreased range of motion in all areas. The patient was diagnosed with lumbar stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2, L3 Laminectomy & Foramenctomy, use of C-arm fluoroscopy for localization of level and guidance and instrumentation placement and application of coflex interspinous stabilization device: 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): s 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute and Chronic), Laminectomy/laminotomy, and Korean Neurosurg Soc. 2009 Oct;46(4):292-299. English. Published online 2009 October 31. <http://dx.doi.org/10.3340/jkns.2009.46.4.292> .

Decision rationale: As per ODG, laminectomy/laminotomy is "recommended for lumbar spinal stenosis. For patients with lumbar spinal stenosis, surgery (standard posterior decompressive laminectomy alone, without discectomy) offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement that was maintained at 2 years of follow-up, according to a new SPORT study. Discectomy should be reserved for those conditions of disc herniation causing radiculopathy. Laminectomy may be used for spinal stenosis secondary to degenerative processes exhibiting ligamentary hypertrophy, facet hypertrophy, and disc protrusion, in addition to anatomical derangements of the spinal column such as tumor, trauma, etc." In this case, this patient continues to have severe back pain radiating to lower extremities and MRI evidence of moderate-to-severe spinal canal stenosis and bilateral facet arthropathy. He has objective evidence of decreased ROM, positive SLR, decreased sensation, absent reflexes, and mild strength deficits. He has failed conservative care. These findings are sufficient to warrant L2-3 laminectomy and foraminotomy; however, the use of Coflex interspinous stabilization device is not supported as per the referenced article. The Coflex interspinous stabilization device does not support comparative efficacy of the decompressive laminectomy plus implantation of ISU over PLIF and has no long-term beneficial effect. Thus, the request is non-certified.

Purchase of LSO brace, post op: 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.

Cold therapy, seven (7) day rental, for the lumbar spine, post-op: 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.

2-3 day inpatient stay, post lumbar surgery: 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.