

Case Number:	CM13-0037822		
Date Assigned:	12/18/2013	Date of Injury:	11/13/2000
Decision Date:	02/18/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/24/2013

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, has a subspecialty in Spine 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:

The patient is a 44-year-old female who reported a work related injury on 11/13/2000, specific mechanism of injury not stated. Subsequently, the patient is status post interbody fusion at the L4-5 and L5-S1, as of 2004. The patient as of 11/27/2013 is status post removal of deep internal fixation of the lumbar spine at L4 through S1 bilaterally. The clinical note dated 12/05/2013 reports the patient was seen postoperatively under the care of [REDACTED]. The provider documents the patient's surgical incision staples were removed. The patient reports low back pain, incisional pain, and intermittent radiation of pain down the right lower extremity to the foot. The provider documents the patient utilizes 2 Percocet per day and 3 Norco per day. The provider documented the patient's incision revealed no drainage or signs and symptoms of infection. The provider documented the patient utilizes a walker to assist with ambulation. The provider documented neurological exam of the patient was intact with negative straight leg raise bilaterally. The provider documented the patient was to wean off Percocet, utilize Norco as needed, an ambulation for exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 possible revision Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The current request is not supported. The current request was submitted prior to the patient undergoing surgical intervention in 11/2013 for hardware removal about the L4 through S1 fusion. There was no recent imaging submitted for review of this patient's lumbar spine to support decompression, as well, the most recent clinical documentation submitted for review evidences the patient had no deficits upon motor, neurological, or sensory exam. California MTUS/ACOEM indicates direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. However, given all of the above, the request for 1 possible revision laminectomy is not medically necessary or appropriate.