

Case Number:	CM13-0053170		
Date Assigned:	12/30/2013	Date of Injury:	01/28/2010
Decision Date:	03/10/2014	UR Denial Date:	10/22/2013
Priority:	Standard	Application Received:	11/18/2013

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, underwent a Spine Fellowship, 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 34-year-old male who sustained a work-related injury on 1/28/10. Subjective findings include severe low back pain, as well as pain radiating down the back of both legs to the knees associated with numbness and tingling. Objective findings include decreased lumbar range of motion. An MRI of the lumbar spine dated 5/6/11 revealed mild bilateral neural foraminal narrowing secondary to 2-3 mm posterior disc bulge at L5-S1. Current diagnoses include degenerative disc L5-S1 with central disc protrusion, and annular tear with mild right neural foraminal stenosis and minimal 1mm disc bulge at L4-L5 without central or foraminal stenosis. Treatment to date includes activity modification, physical therapy, epidural steroid injections, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

inpatient L5-S1 anterior laminectomy, interbody fusion, and case with a four day hospital stay: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines

Decision rationale: The MTUS/ACOEM guidelines state that criteria for laminotomy include 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; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; failure of conservative treatment; and an indication for fusion (instability or a statement that decompression will create surgically induced instability to resolve disabling radicular symptoms). The Official Disability Guidelines state that their criteria for decompression/laminotomy include documentation of radiculopathy, objective findings that correlate radicular findings on radiologic evaluation and physical exam. Regarding hospital length of stay, MTUS does not specifically address this issue. The ODG supports up to four days stay for the cited injury/condition. Within the medical information available for review, there is documentation of radicular findings in the requested nerve root distribution and failure of conservative treatment. However, despite documentation of objective findings, there is no documentation of objective radicular findings in the requested nerve root distribution. Furthermore, there is no documentation of a condition/diagnosis for which fusion is indicated. Therefore, the request is not medically necessary.

assistant surgeon: 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.

preoperative clearance: 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.

postoperative purchase of a Cybertech back brace and cold compression unit: 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.

