

Case Number:	CM13-0054666		
Date Assigned:	12/30/2013	Date of Injury:	11/18/1981
Decision Date:	04/28/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Spine Surgery and is licensed to practice in New York. 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 expert 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 63-year-old male date of injury November 18, 1981. At issue is whether three-level lumbar laminectomy surgery is medically necessary. The patient has chronic low back pain and was treated for postlaminectomy syndrome with radiculopathy and the patient complains of numbness and pain in his legs. The patient has had an epidural steroid injection as well as bracing medications and rest. On physical examination he has decreased sensation bilaterally in the dorsal and lateral aspect of the feet. He has an abnormal gait. The patient has a normal range of lumbar motion. He has normal bilateral lower extremity strength, normal reflexes and negative straight leg raise test. The CT scan from February 2013 shows right foraminal narrowing at L3-4 and bilateral foraminal narrowing at L4-5 and there is also foraminal narrowing at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

DECOMPRESSION LAMINECTOMY L3-L4, L4-L5, L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

Decision rationale: This patient does not meet criteria for multilevel lumbar laminectomy. Specifically the patient's physical exam does not document a specific radiculopathy that is correlated with specific compression of the lumbar nerve root on an imaging study. In addition, the patient does not have a progressive neurologic deficit. There are no red flag indicators for spinal decompressive surgery such as fracture, tumor, or progressive neurologic deficit.

"Ssociated surgical service". 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.

"Ssociated surgical service". 1 DAY INPATIENT STAY AT [REDACTED] HOSPITAL: 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.

"Ssociated surgical service". PRE-OP MEDICAL CLEARANCE WITH INTERNIST: 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.