

Case Number:	CM13-0056823		
Date Assigned:	12/30/2013	Date of Injury:	06/02/2011
Decision Date:	04/02/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/22/2013

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 60-year-old male who reported an injury on 06/02/2011. The mechanism of injury involved heavy lifting. The patient is diagnosed with advanced degenerative disc disease at L5-S1 and facet and ligamentum flavum hypertrophy with moderate central and bilateral foraminal stenosis with radiculopathy. The patient was seen by [REDACTED] on 10/07/2013. The patient reported severe lower back pain with radiation to the left lower extremity. The physical examination revealed a slow and guarded gait with restricted lumbar range of motion. The treatment recommendations included authorization for an L4-5 and L5-S1 laminectomy and posterior lumbar interbody fusion with instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back.

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 (ODG) Low Back Chapter, Laminectomy/ Laminotomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. As per the documentation submitted, the patient's physical examination only revealed restricted lumbar range of motion. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.

Spinal disc surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. As per the documentation submitted, the patient's physical examination only revealed restricted lumbar range of motion. There was no documentation of a significant musculoskeletal or neurological deficit upon physical examination. There is also no mention of an exhaustion of conservative treatment prior to the request for a surgical procedure. Based on the clinical information received, the patient does not meet criteria for the requested procedure. As such, the request is non-certified.

Posterior fusion L4-5 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients for severe and disabling symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation

submitted, the patient's physical examination only revealed restricted range of motion of the lumbar spine. There was no documentation of radiculopathy upon physical examination. There is no mention of an exhaustion of conservative treatment prior to the request for a surgical intervention. There is also no evidence of significant instability on flexion and extension view radiographs. There is no psychological consultation provided prior to the request for a surgical intervention. Based on the clinical information received, the request is non-certified.

Application of intervertebral biomechanical device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients for severe and disabling symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation submitted, the patient's physical examination only revealed restricted range of motion of the lumbar spine. There was no documentation of radiculopathy upon physical examination. There is no mention of an exhaustion of conservative treatment prior to the request for a surgical intervention. There is also no evidence of significant instability on flexion and extension view radiographs. There is no psychological consultation provided prior to the request for a surgical intervention. Based on the clinical information received, the request is non-certified.

Insert spine fixation device: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients for severe and disabling symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. As per the documentation submitted, the patient's physical examination only revealed restricted range of motion of the lumbar spine. There was no documentation of radiculopathy upon physical examination. There is no mention of an exhaustion of conservative treatment prior to the request for a surgical intervention. There is also no evidence of significant instability on flexion and extension view radiographs. There is no psychological consultation provided prior to the request for a surgical intervention. Based on the clinical information received, the request is non-certified.

Pre-op medical 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.

Inpatient length of stay, 5 days: 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.