

Case Number:	CM13-0058883		
Date Assigned:	04/28/2014	Date of Injury:	07/09/2003
Decision Date:	06/20/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/27/2013

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 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 a 50-year-old male with a date of injury of July 9, 2003. He's had bilateral L5 partial laminectomy and bilateral S1 partial laminectomy. He continues to have low back pain. Physical examination reveals spasms in the low back tenderness to palpation low back. There is decreased low back range of motion. There is decreased sensation of L4 and L5 dermatomes. Patient has an antalgic gait. There is still weakness and heel walking weakness as well as knee flexion extension weakness. MRI from July 2012 reveals a 4 mm left lateral disc bulge with left foraminal narrowing at L4-5 which is evidence of previous laminectomy at L4-5 and L5-S1. The treatments to date include physical therapy, activity modification lumbar epidural steroid injection and medications. At issue is whether lumbar micro-decompression at L5-S1 which is a revision is medically necessary. It also issue is whether L5-S1 fusion at the revision decompression is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR MICRO DECOMPRESSION LEFT L4-5 TRANSFORAMINAL LUMBAR INTERBODY FUSION, INSTRUMENTATION AND BONE GRAFTING OF L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS;page 307.

Decision rationale: My rationale for why the requested treatment/service is or is not medically necessary: This patient does not meet established criteria for lumbar decompression and fusion surgery at this time. The imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. The MRI imaging study does not demonstrate severe compression of the S1 and L5 nerve roots. There is not clear correlation between the patient's physical exams in the patient's imaging study. Patient already had previous laminectomy at L4-5 and L5-S1. In addition, there is no documented radiographic evidence of instability. Revision decompressive surgery should not cause instability even if it was medically necessary. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. Fusion surgery performed in patients without evidence of instability and with multiple levels of lumbar disc degeneration on imaging studies and then patients with previous lumbar surgery is not more likely than conservative measures to relieve chronic back pain symptoms. Surgery for lumbar decompression and fusion is not medically necessary in this patient.

HOSPITAL LENGTH OF STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation (ODG-TWC).

Decision rationale: Since surgery is not needed then all other associated items are not needed.