

Case Number:	CM13-0060377		
Date Assigned:	12/30/2013	Date of Injury:	12/18/2012
Decision Date:	04/22/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/03/2013

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 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 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:

This 50-year-old claimant has a date of injury of December 18, 2012. He has been treated for back and leg pain. The report of an MRI performed on February 21, 2012 documented spondylitic changes with central canal stenosis noted at the L3-4 level and at the L5-S1 level left lateral recess stenosis. An EMG performed on October 1, 2013 demonstrated no abnormalities. At the November 4, 2013 office visit with [REDACTED], there were continued complaints of burning pain in both plantar feet. Low back pain was present but tolerable. Examination demonstrated numbness in the plantar feet bilaterally with negative straight leg raise testing and intact motor function in the lower extremities. [REDACTED] recommended a right L3-4 and left L5-S1 laminotomy and discectomy. Inpatient stay and an updated MRI of the lumbar spine were also requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

A RIGHT L3-L4 AND LEFT L5-S1 LAMINOTOMY AND DISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Laminectomy Section

Decision rationale: The proposed right L3-4 and left L5-S1 laminotomy and discectomy would not be considered medically necessary and appropriate based on the records provided in this case and the ACOEM Guidelines and supported by the Official Disability Guidelines (ODG). The ACOEM Guidelines address nerve root decompression and state that surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provides fast relief from the acute attack better than conservative management when addressing a radicular problem. There is no convincing evidence of radiculopathy in this case as the motor examination is intact and the EMG is negative. Turning to the Official Disability Guidelines, they recommend lumbar laminectomy for the purposes of treating spinal stenosis. This is a recommended treatment for spinal stenosis provided patients fail appropriate conservative care. The records in this case were carefully reviewed and there is no documentation of symptoms of neurogenic claudication noted from spinal stenosis. This claimant has undergone multiple evaluations by [REDACTED]. In each visit, complaints seem to be a bit different. Absent convincing documentation of a problem with radiculopathy or neurogenic claudication, the right L3-4 and L5-S1 laminotomy and discectomy cannot be certified in this case; therefore the decision for inpatient stay also cannot be certified.

AN INPATIENT STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Laminectomy Section

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

MRI OF THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Laminectomy Section

Decision rationale: The Expert Reviewer based his/her decision on the Official Disability Guidelines (ODG), Low Back Chapter, MRI Section. The Expert Reviewer's decision rationale: The CA MTUS and ACOEM Guidelines do not address this issue. The Official Disability Guidelines (ODG) state repeat MRI is not routinely recommended. A repeat MRI is only recommended in the case of a change in neurologic examination. This claimant's neurologic examination has been unchanged. Therefore, repeat MRI cannot be certified.