

Case Number:	CM13-0061872		
Date Assigned:	12/30/2013	Date of Injury:	07/22/2010
Decision Date:	10/30/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/05/2013

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 Orthopaedic Surgery (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 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:

According to the records made available for review, this is a 40-year-old male with a 7/22/10 date of injury, and C5-6 anterior cervical decompression and fusion on 4/16/12. At the time (8/26/13) of request for authorization for bilateral laminotomies at L5-S1 decompression of S1 and 1-2 day inpatient stay, there is documentation of subjective (low back pain radiating to bilateral lower extremities) and objective (tenderness over the bilateral sciatic notch, 4/5 strength of bilateral peroneus longus and gastrocnemius, absent bilateral ankle reflex, and decreased light touch over the S1 nerve root) findings, imaging findings (reported MRI of the lumbar spine (undated) revealed lateral recess stenosis and small disc herniation at L5-S1 with impingement of the S1 nerve root; report not available for review), current diagnoses (herniated nucleus pulposus at L5-S1 with right lower extremity radiculopathy and lateral recess stenosis at L5-S1 with disc herniation), and treatment to date (medications and epidural steroid injection). Regarding bilateral laminotomies at L5-S1 and decompression of S1, there is no documentation of an imaging report and failure of additional conservative treatment (activity modification and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LAMINOTOMIES AT L5-S1 DECOMPRESSION OF S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM Guidelines identifies 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; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of herniated nucleus pulposus at L5-S1 with right lower extremity radiculopathy and lateral recess stenosis at L5-S1 with disc herniation. In addition, there is documentation of symptoms (pain) which confirm presence of radiculopathy and objective findings (motor changes and sensory changes) that correlate with symptoms and failure of conservative treatment (medications). However, despite documentation of the medical reports' reported imaging finding (lateral recess stenosis and small disc herniation at L5-S1 with impingement of the S1 nerve root), there is no documentation of an imaging report. In addition, there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request for bilateral laminotomies at L5-S1 decompression of S1 is not medically necessary.

1-2 DAY INPATIENT STAY: 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: There is no documentation of a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for 1-2 day inpatient stay is not medically necessary.