

Case Number:	CM13-0069036		
Date Assigned:	01/17/2014	Date of Injury:	09/14/2013
Decision Date:	05/20/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/20/2013

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:

The claimant is a 62-year-old gentleman who was injured on September 14, 2013. Records indicate an injury to the low back. Imaging included lumbar radiographs from November 15, 2013 that showed 4 millimeters of retrolisthesis of L4 on L5 that was stable with flexion and extension films. There was noted to be multilevel degenerative change. A CT scan performed on the same date also demonstrated significant degenerative changes with marked moderate recess narrowing from L2-3 through L5-S1. The claimant is noted to have been treated with physical therapy, medication management and activity restrictions. A previous MRI scan was also available for review that showed multilevel stenotic changes most pronounced at the L3-4 and L4-5 level. A recent clinical progress report dated November 26, 2013 indicated ongoing low back complaints with bilateral lower extremity pain. It stated difficulty with activity with no current response to conservative measures. Physical examination findings on that date demonstrated restricted lumbar range of motion with neurologic examination showing prominent S1 sensory change to left lower extremities, equal and symmetrical reflexes that were absent at the Achilles with the remainder of the neurologic examination noted to be "entirely intact". Given the failed conservative levels, a "multilevel laminectomy and decompression" was recommended. It was specifically not stated as to which levels the surgical process would occur.

IMR ISSUES, DECISIONS AND RATIONALES

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

MULTI-LEVEL LUMBAR LAMINECTOMY: Upheld

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

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

Decision rationale: Based on California MTUS/ACOEM Guidelines, a multilevel lumbar laminectomy would not be indicated. While the claimant is noted to be with multilevel stenotic and degenerative findings on imaging, there is a lack of clinical correlation between physical examination findings and the "multilevel" surgical process being requested. More specifically, the specific levels in question have not been addressed. The need for operative intervention given the vague surgical request and lack of clinical documentation between physical exam findings and compressive pathology on imaging would not necessitate the proposed surgical process. The request is not medically necessary or appropriate.

DECOMPRESSION OF STENOSIS: Upheld

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

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

Decision rationale: Based on California MTUS/ACOEM Guidelines, decompression would not be indicated. While the claimant is noted to be with multilevel stenotic and degenerative findings on imaging, there is a lack of clinical correlation between physical examination findings and the "multilevel" surgical process being requested. More specifically, the specific levels in question have not been addressed. The need for operative intervention given the vague surgical request and lack of clinical documentation between physical exam findings and compressive pathology on imaging would not necessitate the proposed surgical process. The request is not medically necessary or appropriate.

THREE (3) DAY LOS: 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.