

Case Number:	CM13-0070101		
Date Assigned:	01/03/2014	Date of Injury:	01/06/2012
Decision Date:	05/22/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/24/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 case involves a 49-year-old who was injured on January 6, 2012 from heavy lifting while working for [REDACTED]. He has been diagnosed with lumbar spondylosis L4/5, L5/S1 with radiation to both lower extremities, right worse than left; moderate-to-severe spinal stenosis at L4/5; and moderate stenosis at L5/S1. According to the October 16, 2013 orthopedic spine report from [REDACTED], the patient's back pain has worsened since August 28, 2013. He was recommended for decompression L4 through S1 with possible fusion L4 through S1. He requests laminectomy, discectomy decompression at L4/5 and L5/S1 with one to two day inpatient stay. The May 7, 2013 EMG (electromyography)/NCV (nerve conduction velocity) showed normal NCS, and F wave latencies, but delayed right H-reflex consistent with S1 radiculopathy on the right. MRI from September 3, 2013 shows moderate to marked central stenosis at L4-5 and moderate foraminal stenosis caused by disc protrusion, degenerative facet enlargement and thickening of the ligamentum flavum.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY AND DISECTOMY WITH DECOMPRESSION L4-L5, L5-S1: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The patient has lower back pain with radiation down legs, right worse than left. He has not worked since April 12, 2012. He did not have significant improvement with an ESI (epidural steroid injection) or conservative care. Since August 28, 2013 his lower extremity radicular complaints have progressed, and there is electrodiagnostic evidence of right S1 radiculopathy, and MRI shows severe spinal stenosis at L4/5 from disc protrusion, facet and ligamentum flavum hypertrophy and there was moderate stenosis at L5/S1. The L4/5 and L5/S1 laminectomy/discectomy appears to be in accordance with the ACOEM Practice Guidelines The request for a lumbar laminectomy and discectomy. With decompression at L4-L5 and L5-S1 is medically necessary and appropriate.

1-2 DAY IN PATIENT STAY: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hospital Length Of Stay (LOS) Guidelines.

Decision rationale: The patient has lower back pain with radiation down legs, right worse than left. He has not worked since April 12, 2012. He did not have significant improvement with an ESI or conservative care. Since August 28, 2013 his lower extremity radicular complaints have progressed, and there is electrodiagnostic evidence of right S1 radiculopathy, and MRI shows severe spinal stenosis at L4/5 from disc protrusion, facet and ligamentum flavum hypertrophy and there was moderate stenosis at L5/S1. The surgeon has requested a L4/5 and L5/S1 laminectomy/discectomy. I have been asked to review for a one to two day inpatient stay. According to the ODG, for hospital length of stay, for lumbar discectomy, the median is one day; and for Laminectomy the median is two days. The best practice target is 0-1 days. The request for one to two days inpatient stay for the laminectomy and discectomy is in accordance with ODG guidelines. The request for a one to two day inpatient stay is medically necessary and appropriate.