

Case Number:	CM13-0072381		
Date Assigned:	01/03/2014	Date of Injury:	11/15/2004
Decision Date:	04/11/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	12/26/2013

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 patient is a 51-year-old female who sustained an injury to the low back in a work related accident on 11/15/04. The clinical records for review included a report of an MRI of the lumbar spine dated 01/07/13 that showed mild disc desiccation at L2-3 and L3-4. At the L5-S1 level, there was noted 3 millimeter retrolisthesis with a 2 millimeter disc bulging and moderate facet hypertrophy that resulted in mild spinal stenosis. The L4-5 level was documented to show no disc bulging or herniation with only mild central stenosis. The report of electrodiagnostic studies of the bilateral lower extremities dated 03/17/13 was noted to be normal. The most recent clinical follow up on 11/01/13 noted the diagnosis of chronic lumbosacral strain with continued complaints of low back pain and radiating leg pain. Objectively, there was 5/5 motor strength with the exception of the EHLs, which was 4/5, positive straight leg raising, equal and symmetrical reflexes, and diminished sensation generally noted throughout the left lower extremity. Based on failed conservative care, a two level laminectomy, discectomy and fusion was recommended from L2-3 through L3-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminotomy (microdiscectomy) pose fusion L2-3 on RT decompression lumbar laminectomy poss fusion at L3-L4 w/baxano: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304, 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on the California ACOEM 2009 Guidelines, the surgical request for Lumbar Laminotomy (microdiscectomy) possible fusion L2-3 on RT decompression lumbar laminectomy possible fusion at L3-L4 w/baxano cannot be recommended. According to the report of the MRI dated January 2013, at the L2-3 and L3-4 levels there is no indication of a neurocompressive pathology. The electrodiagnostic studies are reported as normal. The claimant's examination did demonstrate weakness of the EHL, but this finding is inconsistent with the requested levels for the surgical process. Based upon the above information and the lack of documentation of segmental instability on imaging, the proposed surgery to include a fusion would not be indicated.

Pre-op clearance QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004)-- Chapter 7 Independent Medical Examinations and Consultations, page 127

Decision rationale: Based on California ACOEM Guidelines the proposed lumbar laminectomy (microdiscectomy) and possible fusion at L2-3 and L3-4 cannot be recommended as medically necessary. Therefore, the request for preoperative clearance would not be indicated.

Post-op Lumbar Corset DME QTY: 1.00: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 12 Low Back Complaints Page(s): 9, 298, 301.

Decision rationale: Based on California ACOEM Guidelines the proposed lumbar laminectomy (microdiscectomy) and possible fusion at L2-3 and L3-4 cannot be recommended as medically necessary. Therefore, the request for a post-op lumbar corset would not be indicated.