

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0000559 | | |
| Date Assigned: | 01/10/2014 | Date of Injury: | 06/08/2000 |
| Decision Date: | 06/13/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 01/02/2014 |

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 Neurosurgery 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 injured worker is a 73-year-old male who sustained an injury on 06/08/00. The specific mechanism of injury was not discussed for the injured worker. The injured worker has been followed for complaints of low back pain radiating to the lower extremities with associated motor weakness. Conservative treatment has included the use of Tramadol for pain. The injured worker had multiple epidural steroid injections completed with temporary response. The injured worker noted that although temporary, he had an extremely good response to epidural steroid injections. MRI (magnetic resonance imaging) studies of the lumbar spine completed on 09/08/13 noted multi-level degenerative disc disease with degenerative end plate signal from L2 to S1. At L2-3, there was a disc osteophyte complex with mild to moderate facet arthropathy and ligamentum flavum hypertrophy with congenital short pedicles resulting in moderate canal stenosis with mild compression of the cauda equina. There was lateral recess stenosis noted and mild left sided foraminal stenosis. At L3-4, there was 2mm of retrolisthesis with facet and ligamentum flavum hypertrophy and congenital short pedicles resulting in mild to moderate canal stenosis as well as mild to moderate right foraminal stenosis. At L4-5, similar findings were noted with 2mm of retrolisthesis and congenital short pedicles resulting in mild to moderate canal stenosis as well as mild to moderate right foraminal stenosis. The most recent evaluation was on 09/19/13. The injured worker continued to report low back pain radiating to the lower extremities. Physical examination noted intact motor strength in the lower extremities bilaterally. There was mildly decreased sensation to pin prick in the L5-S1 distributions. Reflexes were 1+ and symmetric at the patella and absent at the gastrocnemius. Straight leg raise did reproduce low back pain radiating through the lower extremities. Given the lack of any further improvements obtained with epidural steroid injections, the injured worker was recommended

for a lumbar laminectomy from L2 to L5. The request for a lumbar laminectomy was denied by utilization review on 12/16/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: In regard to the requested lumbar laminectomy from L2 to L5, the injured worker has been followed for neurogenic claudication symptoms secondary to acquired stenosis from L2 to L5 due to a combination of degenerative disc disease, facet arthropathy, and congenital short pedicles. The amount of stenosis is most severe at L3-4; however, there is mild to moderate stenosis noted at L3-4 and at L4-5. The injured worker initially had significant response to epidural steroid injections; however, these injections were no longer providing any benefit. Given the objective evidence consistent with active neurogenic claudication for this injured worker, current literature would recommend surgical intervention over continued non-operative treatment such as physical therapy or medication use. As the injured worker's physical examination and imaging findings are consistent with active neurogenic claudication secondary to canal stenosis from L2 to L5, this reviewer would have recommended certification for the proposed surgical request. The request is certified.