

Case Number:	CM14-0004470		
Date Assigned:	02/05/2014	Date of Injury:	10/15/2012
Decision Date:	08/21/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/13/2014

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 Orthopedic Surgery and is licensed to practice in Pennsylvania. 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 is a 51-year-old gentleman who injured his low back in a work-related accident on 10/15/12. The records provided for review include the report of an MRI scan dated 3/23/13 showing right foraminal disc extrusion at the L4-5 level resulting in right neural foraminal stenosis. There is also multiple underlying degenerative changes with spondylosis, most advanced at the L2-3 and L3-4 level without compressive findings. The electrodiagnostic studies dated 6/11/13 showed mild right chronic L4 through S1 radiculopathy. The records documented that the claimant has failed conservative care consisting of multiple transforaminal epidural steroid injections, physical therapy, medication management, and activity restrictions. The follow up office note dated 11/6/13 described continued low back and leg complaints. Examination showed weakness of the right extensor hallucis longus, gastrocnemius, and quadriceps and positive straight leg raise on the right. The physician recommended a multilevel decompressive procedure from L2 through L5 with a three day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT STAY TIMES 3 DAYS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG LOW BACK.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Discectomy/ laminectomy Hospital length of stay (LOS).ODG hospital length of stay (LOS) guidelines: Discectomy (icd 80.51 - Excision of intervertebral disc)Actual data -- median 1 day; mean 2.1 days (0.0); discharges 109,057; charges (mean) ██████ Best practice target (no complications) -- 1 day Laminectomy (icd 03.09 - Laminectomy/laminotomy for decompression of spinal nerve root)Actual data -- median 2 days; mean 3.5 days (0.1); discharges 100,600; charges (mean) ██████ Best practice target (no complications) -- 1 day Other Medical Treatment Guideline or Medical Evidence.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

DECOMPRESSIVE LUMBAR LAMINECTOMY: Upheld

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

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

Decision rationale: California ACOEM Guidelines would not support the request for a decompressive laminectomy. The actual surgical request is for a decompressive laminectomy for L2 through L5. The ACOEM Guidelines recommend surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapsed. The claimant's electrodiagnostic studies are positive from the L4 through S1 levels. The imaging report fails to show significant compressive findings at the L2-3 or L3-4 level. There is no clear clinical correlation between the claimant's physical examination findings, electrodiagnostic studies, and imaging, with the requested surgical levels L2-3 and L3-4. Therefore, the request for a decompressive procedure at multiple lumbar levels would not be indicated as medically necessary.

POST OP PHYSICAL THERAPY 3 TIMES WEEK TIMES 4 WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.