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| Case Number: | CM14-0005170 | | |
| Date Assigned: | 06/13/2014 | Date of Injury: | 06/20/2007 |
| Decision Date: | 07/15/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/14/2014 |

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 Occupational Medicine and is licensed to practice in Texas. 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 53 year old male whose date of injury is 06/20/2007, secondary to a slip and fall. He complains of low back pain and bilateral leg pain. MRI of the lumbar spine on 11/06/13 showed multilevel degenerative changes most severe at the L4-5 level, with severe central canal stenosis and moderate bilateral foraminal narrowing. He has been treated conservatively with activity modification, medications (oxycodone, flexeril, Colace, lyrica, lunesta, prozac), and physical therapy. The patient has had epidural steroid injections with improvement. A request for surgical decompression L4-5 was reviewed on 01/09/14 and was determined as not medically necessary. It was noted that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), and preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear evidence of a lesion that has been shown to benefit from surgical repair; and failure of conservative treatment. It was recommended that flexion/extension films be obtained to assess for motion. Per utilization review dated 02/21/14 there was submission of flexion/extension films of the lumbar spine dated 01/13/14 with evidence of instability associated with severe stenosis. There is evidence of a clinical radiculopathy and claudication. Given this finding, fusion was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL L4-5 PARTIAL HEMILAMINECTOMY AND MEDIAL FACETECTOMY: Upheld

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

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

Decision rationale: The records indicate that the injured worker has evidence of instability on flexion/extension radiographs of the lumbar spine. In this clinical setting, decompression of the L4-5 level with bilateral hemilaminectomy and medial facetectomy is not supported as medically necessary as this would result in further instability iatrogenically at this level. Fusion was recommended as the appropriate surgical procedure and in fact the patient underwent L4-5 PLIF L4-5 on 04/28/14. Based on the clinical information provided, the proposed bilateral L4-5 bilateral hemilaminectomy and medial facetectomy is not indicated as medically necessary.