

Case Number:	CM14-0104705		
Date Assigned:	07/30/2014	Date of Injury:	04/30/1998
Decision Date:	09/26/2014	UR Denial Date:	06/23/2014
Priority:	Standard	Application Received:	07/07/2014

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 Neurological 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 injured worker is a 78 year old male who sustained an injury on 04/30/98. The injured worker has had a long clinical course of treatment to include multiple procedures for the right knee. The injured worker has also been followed for chronic low back pain. Prior treatment has included the use of lumbar epidural steroid injections without significant benefit. It is unclear whether there was any recent physical therapy or use of anti-inflammatories. Radiographs of the lumbar spine from 04/30/14 noted degenerative disc disease primarily at L4-5. MRI studies of the lumbar spine from 06/17/14 noted hypertrophic facet arthropathy with a 4mm anterolisthesis of L4 over L5. There was severe lateral recess stenosis noted at L4-5. At L5-S1, there was facet hypertrophy and degenerative disc space narrowing without evidence of stenosis or impingement. The injured worker was seen on 06/10/14 with persistent complaints of pain in the low back radiating through the left lower extremity in an L5-S1 distribution. The injured worker denied any right lower extremity symptoms. The injured worker described worsening pain with extended periods of sitting. The injured worker's physical examination noted a non-antalgic gait. No motor weakness was noted; however, the injured worker's pain was noted to be in an L5-S1 distribution. Reflexes were 2+ and symmetric. There was noted lumbar decreased range of motion. The injured worker's follow up on 06/18/14 noted lateral recess stenosis at L5-S1 on MRI. The recommendation was for an L3-4 and an L4-5 decompression. The requested lumbar L4-5 and L5-S1 decompression with an unspecified amount of inpatient stay days was found not to be medically necessary on 06/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar L4-5, L5-S1 Decompression Inpatient Days Stay Not Specified: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospitalization.

Decision rationale: In regards to the requested lumbar L4-5 and L5-S1 decompression with an unspecified amount inpatient stay days, this reviewer would not have recommended this request as medically necessary. In review of the documentation, there is no substantial evidence of stenosis or nerve root compromise at L5-S1 that would support surgical interventions at this level. The most recent report from 06/18/14 specifically noted an L3-4 and an L4-5 decompression. The clinical documentation did not note any recent conservative treatment other than epidural steroid injections. It is unclear if any physical therapy or use of anti-inflammatories had been contemplated for the injured worker. Furthermore, the request for a number of inpatient stay days was not specified. Therefore, this request as submitted would not be supported as medically necessary.