

Case Number:	CM14-0108046		
Date Assigned:	08/01/2014	Date of Injury:	12/29/2008
Decision Date:	11/18/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/11/2014

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 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:

This case involves a 67 year old male injured worker with an industrial injury dated 12/29/08. The patient is status post a left L4-5 transforaminal interbody fusion in March 2010. MRI of the lumbar spine dated 11/21/13, revealed a L3-4 4mm disc bulge with a mild central stenosis caused by facet and ligamentum hypertrophy with some contact of the exiting L4 nerve root. Also there was a L4-5 the fusion was evident with no central stenosis or foraminal narrowing, and L5-S1 the foraminal are at the lower limits of normal. However, no central stenosis was present. The exam note dated 06/09/14, stated the patient has low back pain. The patient reports that he did well after the spinal fusion but developed left foot numbness involving the 3rd and 5th toes and left lower back pain. The patient states that the epidural caused pain and did nothing to relieve the leg numbness. Diagnosis is noted as lumbar stenosis at L3-4 and L5-S1, in which is above and below the fusion with foraminal stenosis at L5-S1. Treatment includes hardware removal at L4-5 posterior and left L5-S1 hemilaminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior removal of lumbar hardware and a left hemilaminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discectomy/Laminectomy Criteria

Decision rationale: CA MTUS/ACOEM Low back complaints, pages 308-310 recommends surgical consideration for patients with persistent and severe sciatica, and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the Official Disability Guidelines (ODG) Low Back, discectomy/laminectomy criteria, laminectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this case, there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition, the MRI report from 11/21/13 does not have clear imaging findings correlating with physical examination. Based on the medical records provided, the guideline criteria have not been met. Therefore, this request is not medically necessary.