

Case Number:	CM14-0013168		
Date Assigned:	02/24/2014	Date of Injury:	01/11/2006
Decision Date:	07/08/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/03/2014

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 Surgeon 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 50-year-old male who reported an injury on 01/11/2006. The mechanism of injury was not provided for review. The injured worker ultimately underwent L4-5 and L5-S1 fusion surgery. The injured worker's postsurgical treatment included physical therapy and medications. The injured worker underwent an MRI on 10/01/2013 that documented multilevel degenerative and postoperative changes to the lumbar spine. It was documented that the injured worker had a 3 mm to 4 mm retrolisthesis at the L3-4, and a disc bulge at the L5-S1 causing lateral recess narrowing and encroaching the right S1 exiting nerve root and bilateral L5 nerve roots. The injured worker underwent an electrodiagnostic study in 12/2013 that documented there were no significant abnormalities. The injured worker was evaluated on 01/03/2014. It was documented that the injured worker continued to complain of low back pain radiating to the lower extremities. No physical exam findings were provided for review. The injured worker's diagnoses included L5-S1 foraminal stenosis at the L3-4 bilaterally and the left L5-S1. The injured worker's treatment plan included L5-S1 bilateral foraminotomy and discectomy revision and L2-3 laminotomy and bilateral L3-4 foraminotomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 BILATERAL FORAMINOTOMY AND DISCECTOMY REDO/ L2-3 LAMINECTOMY AND BILATERAL L3-4 FORAMINTOMIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: The requested L5-S1 bilateral foraminotomy and discectomy redo/L2-3 laminectomy and bilateral L3-4 foraminotomies are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend surgical intervention for the low back when there is documentation of severe and disabling lower leg symptoms in distributions consistent with abnormalities on imaging studies that have failed to respond to conservative treatments. The injured worker's most recent clinical documentation does not provide any physical finding of severe disabling radiculopathy consistent with abnormalities on the imaging study. The imaging study submitted for review does support that the injured worker has significant findings at the L5-S1 and L3-4 and L2-3. However, as the clinical documentation submitted for review does not provide any recent clinical findings to corroborate the imaging study, surgical intervention would not be supported. As such, the requested L5-S1 bilateral foraminotomy and discectomy redo/L2-3 laminectomy and bilateral L3-4 foraminotomies are not medically necessary or appropriate.

PREOPERATIVE MEDICAL CLEARANCE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

POSTOPERATIVE PHYSICAL THERAPY, TWO TIMES PER WEEK FOR 3 WEEKS, FOR THE LUMBAR: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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