

Case Number:	CM14-0017207		
Date Assigned:	04/14/2014	Date of Injury:	11/23/1994
Decision Date:	06/02/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/11/2014

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 New York. 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 patient is a 73-year-old male who had lumbar decompressive surgery from L3-L5 in 2006. He now presents with low back pain and lower extremity pain. Physical examination from 10/29/2013 reveals pain in the left thigh posteriorly down to the foot. Physical examination reveals decreased sensation in dermal distribution in the lower extremities. There is no significant radiculopathy documented on physical examination. Another physical exam from 4/9/12 shows reduced strength in the left ankle plantar flexion and decreased sensation in stocking glove distribution. MRI from March 2013 shows L4-5 grade 1 spondylolisthesis. There is mild-moderate canal stenosis at L5-S1 with a disc bulge. There is a previous laminectomy defect at this level. There are degenerative discs at several lumbar levels on the MRI. There is no documentation of severe spinal stenosis or instability. There is a broad-based disc bulge at L3-4 with prior laminectomy defect and moderate central stenosis. At L2-3 there is no neural compression. At L1 to L2 there is no pathology. The electrodiagnostic study shows S1 acute radiculopathy. Treatment to date has included activity modification, PT, medications, and ESI. The patient did not improve with these measures. Since the patient has not improved with conservative measures, the provider requests proceeding with surgery. At issue is whether lumbar decompressive surgeries for L1-2, L2-3 Decompressive Laminectomy with Left4-5, L5-S1 Foraminotomies and Facetotomies are medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1-2, L2-3 DECOMPRESSIVE LAMINECTOMY WITH LEFT L4-5, L5-S1 FORAMINOTOMIES AND FACETOTOMIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines, AMA Guides, 5th Edition, pages 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-315.

Decision rationale: This patient does not have severe compression of the S1 nerve root documented on any imaging study. Also, there is no consistently documented severe S1 radiculopathy on physical exam. There is no radiculopathy related to the L1, L2 or L3 nerve roots on physical exam. The proposed decompressive surgery at L1-L3 levels is not medically necessary. Specifically, the MRI does not document severe spinal stenosis at L1-2 or L2-3 or L3-4 levels. Physical examination does not document specific L2, L3 or L4 level radiculopathy that is significant. The exam does not correlate with the imaging studies in showing specific compression of nerve roots and physical exam radiculopathy. The ODG criteria for lumbar decompressive surgery for L1-2, L2-3 decompressive laminectomy with left L4-5, L5-S1 foraminotomies and facetotomies are not met. There is no correlation between physical exam findings showing specific lumbar radiculopathy and MRI imaging studies showing specific compression of the nerve roots at the lumbar levels that correlates with physical exam findings of radiculopathy. The treating physician has recommended decompression at multiple lumbar levels for spinal stenosis. However, after review of the medical records including physical examinations and the MRI report, this surgery is not medically necessary because there is not a specific correlation between lumbar compression at the levels seen on MRI and neurologic findings of radiculopathy on the specific similar levels on physical examination. The patient does not have progressive neurological deficit. Decompressive surgery at any lumbar level is not medically necessary in this case, and is not supported by the cited guidelines, which require a clear correlation with MRI findings and the clinical findings.

1-DAY INPATIENT STAY: 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 surgery is not needed, all other associated items are not needed.