

Case Number:	CM14-0018758		
Date Assigned:	06/11/2014	Date of Injury:	07/05/2012
Decision Date:	07/17/2014	UR Denial Date:	01/14/2014
Priority:	Standard	Application Received:	02/13/2014

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:

The injured worker is a 56 year old male who reported an injury to his lumbar region on 07/05/12 while he was crunching a trailer dolly leg down. The previous utilization review dated 01/14/14 resulted in a denial as the request includes a decompression only and the injured worker's pathology would indicate additional procedures. The clinical note dated 02/14/13 indicates the injured worker complaining of low back pain. The injured worker also reported radiating pain from the low back into the right buttocks and bilateral knees. The note does indicate the injured worker having undergone 10 physical therapy sessions to date with no significant benefit. The injured worker also reported 6 sessions of chiropractic therapy without any relief. The MRI of the lumbar spine dated 10/02/12 revealed a 7mm annular disc bulge at L3-4 encroaching on the thecal sac as well as the L4 nerve roots bilaterally. A 6mm disc bulge was identified at L4-5 encroaching on the thecal sac as well as the descending L5 nerve roots bilaterally. Upon exam, the injured worker also demonstrated range of motion limitations in the lumbar spine to include 50 degrees of flexion, 15 degrees of extension, and 15 degrees of bilateral lateral bending. The note indicates the injured worker utilizing Cyclobenzaprine for pain relief. The updated MRI dated 10/29/13 revealed a grade 2 degenerative spondylolisthesis of L3 measuring 5.4mm. A grade 1 degenerative spondylolisthesis was also identified at L4 measuring 5.4mm in neutral as well as 4mm in flexion. The therapy note dated 07/16/13 indicates the injured worker having completed 3 physical therapy sessions to date. The injured worker rated his pain as 6/10 at that time. The therapy note dated 07/26/12 indicates the injured worker having completed 6 physical therapy sessions to date. The clinical note dated 01/22/13 indicates the injured worker showing 4/5 strength at the right tibialis anterior and EHL. Decreased sensation was also identified in the L4 and L5 dermatomes. The clinical note dated 10/01/13 indicates the injured worker complaining of 7-9/10 pain. Radiating pain continued into

the lower extremities, right greater than left. 4/5 strength was also identified with lumbar flexion, extension, and bilateral lateral bending. The clinical note dated 12/03/13 indicates the injured worker continuing with complaints of low back pain. The injured worker was being recommended for a posterior decompression, laminotomy, medial facetectomy, and foraminotomy at L3-4 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 AND L4-L5 POSTERIOR DECOMPRESSION, LAMINOTOMY MEDIAL FACETECTOMY FORAMINOTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The request for the L3-4 and L4-5 posterior decompression, laminotomy, medial facetectomy, and foraminotomy is not recommended. The documentation indicates the injured worker having significant stenosis at the L3-4 and L4-5 levels confirmed by imaging studies. A decompression surgery in the lumbar region is indicated provided the injured worker meets specific criteria to include significant findings confirmed by imaging studies and the injured worker has completed all conservative treatments. The requested L3-4 and L4-5 decompression is indicated. The injured worker would clearly benefit from the proposed surgery. The clinical notes indicate the injured worker being recommended for a decompression as well as a fusion surgery. However, the submitted request includes only the decompressive procedures. Given the inaccuracies associated with the request, this request is not indicated based on American College of Occupational and Environmental Medicine (ACOEM) guidelines.

2-3 DAY INPATIENT STAY FOR 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.