

Case Number:	CM14-0110227		
Date Assigned:	08/01/2014	Date of Injury:	09/13/2007
Decision Date:	09/03/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/15/2014

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 Texas. 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 60 year old male who reported an injury to his low back as a result of a lifting injury on 09/13/07. The utilization review dated 06/30/14 resulted in a denial for a laminectomy and fusion at L4-5 and L5-S1 with a 1 day inpatient hospital stay as insufficient information had been submitted confirming the injured worker's radiculopathy as well as a failure of conservative therapy and no information had been submitted confirming the injured worker's instability at the appropriate levels. The clinical note dated 06/12/14 indicates the injured worker complaining of an increase in low back pain. The injured worker rated the pain as 10/10 at that time. The injured worker stated that range of motion, walking, standing and nearly all activities exacerbate his pain level. The injured worker described a numbness radiating into the left lower extremity along with a burning sensation in both feet. The note indicates the injured worker having undergone x-rays which revealed severe spondylosis at L4-5 and L5-S1. The clinical note dated 01/27/14 indicates the injured worker utilizing Norco and hydrocodone for pain relief.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy and Fusion at L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The request for a laminectomy and fusion at L4-5 and L5-S1 is not medically necessary. The documentation indicates the injured worker complaining of ongoing low back pain with associated numbness in the lower extremities. A fusion and laminectomy are indicated in the lumbar region provided the injured worker meets specific criteria to include imaging studies confirming the injured worker's significant pathology and the injured worker has completed a full course of conservative therapy. There is an indication the injured worker has undergone a magnetic resonance image (MRI) of the lumbar region. However, no MRI results were submitted for review. Additionally, no information was submitted regarding the injured worker's completion of any conservative therapies to include therapeutic interventions or injection therapy. Given these factors, the request is not indicated as medically necessary.

1 day inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, TWC-Chapter: Low Back-Lumbar & Thoracic Discectomy/Laminectomy, Hospital Length of Stay Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Hospital length of stay (LOS).

Decision rationale: Given the requested surgery is not medically necessary, the additional request for a 1 day inpatient hospital stay is rendered as not medically necessary.