

Case Number:	CM14-0139067		
Date Assigned:	09/05/2014	Date of Injury:	05/01/1995
Decision Date:	10/15/2014	UR Denial Date:	08/12/2014
Priority:	Standard	Application Received:	08/27/2014

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 53-year-old male who had a work related injury on 05/01/95. The injury occurred when he was installing hardware. He was climbing some stairs and moving around, people were laughing. As he went under one of the support portions, he apparently struck his knee against a 4 x 4 post. From what he indicates, he struck the anteromedial aspect of the knee. His knee swelled and bruised. He kept on working until July at which time he saw a physician. MRI scan of the lumbar spine dated 05/11/12 showed multilevel degenerative disc disease with mild broad posterior disc protrusions and central protrusions as described above. While these do not cause any significant central canal stenosis, they do contribute to at least moderate if not moderately severe neuroforaminal narrowing at L2 to L3, L3 to L4, and L4 to L5 levels. Electromyography and nerve conduction velocity (EMG/NCV) studies dated 05/23/12 electrodiagnostic studies diagnostic testing revealed evidence of mild chronic L5 radiculopathy, flexion and extension X-rays and anterior posterior (AP) and pelvis X-rays were obtained. He has had a previous AP and lateral lumbar X-ray. The flexion and extension X-rays are somewhat difficult to interpret because of body habitus. He does not appear to have any concrete deformity and the AP of the pelvis does not show any significant osteoarthritis of the hips. CT scan of the lumbar spine postmyelogram with 3 dimensional reconstruction dated 03/21/14 L1 to L2 moderate loss of disc space height, mild anterior spondylolysis, 7 millimeters right lateral and 1 centimeter left lateral syndesmophytes are present, mild posterior spondylosis and a 3 millimeters broad based disc bulge effaces the ventral thecal sac causing mild central canal stenosis. At L2 to L3, mild anterior spondylosis, moderate loss of disc space height, posterior spondylosis and a 3mm posterior broad based disc bulge is present which effaces the ventral thecal sac causing mild central canal stenosis, mild right facet Arthropathy is present, a n L2 inferior end plate 9 millimeters Schmorl's node is present, moderate severe bilateral

neuroforaminal stenosis was present. L3 to L4 shows moderate severe loss of dorsal disc space height, vacuum phenomena, a 4 millimeters posterior spondylosis, and a broad based disc bulge is present, calcification is present in the posterior annulus fibrosis, mild effacement of the ventral thecal sac and mild central canal stenosis, facet joints are normal, moderate to severe bilateral neuroforaminal stenosis at L4 to L5, mild dorsal loss of disc space height is present with a 1 millimeters posterior broad based disc bulge which contains calcification in the outer fibers of the central posterior annulus fibrosis (4 millimeters AP x 10 millimeters transverse), minimal effacement of the ventral thecal sac is present, moderate to severe bilateral neuroforaminal stenosis is present. There is a lack of opacification of the abutting right L5 nerve root sleeve in the right lateral recess, moderate to severe bilateral neuroforaminal stenosis present, mild right and moderate left facet arthropathy is present, moderate bilateral facet arthropathy At L5 to S1 is present, hypertrophy at the inferior margin of the left facet joint is present which effaces the left S1 abutting nerve root sleeve which is only partially opacified in the lateral recess on the left. Moderate right neuroforaminal stenosis is attributed to facet Arthropathy and L5 inferior end plate uncinate process 3 millimeters of hypertrophic osteophyte, bridging osteophyte at the right sacroiliac joint is present at its anterior margin. The most recent medical record submitted for review is dated 06/04/14. The injured worker is seen for follow up with lumbar pain, lower extremity pain. He is here for recheck and medication review. The injured worker states there have been no interval changes in allergies, family history, past medical history, review of systems, or social history

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy and Foraminotomy with I-O Flex: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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

Decision rationale: The request for Lumbar Laminectomy and Foraminotomy with (inside out) I-O Flex is not medically necessary. The clinical information submitted for review does not support the request; there is no documentation that the injured worker has failed conservative treatment. The request does not define specific level/levels. Therefore, medical necessity has not been established.

Associated Surgical Service: Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: American Association of Orthopaedics Surgeons Position Statement Reimbursement

of the First Assistant at Surgery in Orthopaedics
<http://www.aaos.org/about/papers/position/1120.asp>

Decision rationale: The Associated Surgical Service: request for Assistant Surgeon is predicated on the initial request for surgery. As this has not been found to be medically necessary, since the primary request is not necessary.

Associated Surgical Service: Pre OP Medical Clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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, Preoperative Testing, and General

Decision rationale: The Associated Surgical Service: request for Preoperative Medical Clearance is predicated on the initial request for surgery. As this has not been found to be medically necessary, since the primary request is not necessary.

Pre Op Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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, and Office Visits

Decision rationale: The Associated Surgical Service: request for Preoperative Consultation is predicated on the initial request for surgery. As this has not been found to be medically necessary, since the primary request is not necessary.

Associated Surgical Service: Pre Op Blood Tests, CBC, PT, and PTT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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, Preoperative Testing, and General

Decision rationale: The Associated Surgical Service: request for Preoperative Blood Tests, Complete Blood Count (CBC), Prothrombin Time (PT), and Partial Thromboplastin Time (PTT) is predicated on the initial request for surgery. As this has not been found to be medically necessary, since the primary request is not necessary.

Associated Surgical Service: . Facility Inpatient Length of Stay (Unknown): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

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, and Hospital Length of Stay

Decision rationale: The Associated Surgical Service: request for Facility Inpatient Length of Stay (Unknown) is predicated on the initial request for surgery. As this has not been found to be medically necessary, since the primary request is not necessary.