

Case Number:	CM14-0141930		
Date Assigned:	09/10/2014	Date of Injury:	05/02/2011
Decision Date:	11/05/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/02/2014

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 Spine 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 51-year-old male with a reported date of injury on 05/02/2011. The mechanism of injury was noted to be a fall down 3 stairs. His diagnoses were note to include lumbar sprain/strain, foraminal stenosis at L4-5. His previous treatments were noted to include physical therapy, activity modification, epidural steroid injections, and medications. The progress note dated 05/23/2014 revealed complaints of significant and severe back pain that radiated into the left leg, with an element of neurogenic claudication. The provider indicated an MRI revealed lateral recess and central stenosis, as well as foraminal stenosis secondary to hypertrophy of the facet joints at L4-5. There was evidence of lucencies and widening of facet joints at L4-5, indicating instability. The provider indicated the previous epidural only worked for a very short period of time, and the injured worker was not interested in having another epidural. The progress note dated 07/24/2014 revealed complaints of significant bilateral lower extremity pain, as well as lower back pain. The injured worker indicated he was waiting for his lower back surgery to be approved, and had trouble sleeping due to increased pain. The physical examination of the lumbar spine revealed tenderness to the paravertebral muscles with spasms. The range of motion was restricted, and there was a positive straight leg raise on the left. The Request for Authorization form was not submitted within the medical records. The request was for posterior hemilaminotomy/decompression with insertion of Coflex Interlaminar Distraction Device at L4-5 to restabilize the L4-5 region, and preoperative EKG, labs, history and physical, and chest x-ray for preoperative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior Hemilaminotomy/Decompression with insertion of Coflex Interlaminar Distraction Device L4-5: Upheld

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

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, Discectomy/Laminectomy

Decision rationale: The request for a posterior hemilaminectomy/decompression with insertion of Coflex Interlaminar Distraction Device at L4-5 is not medically necessary. The injured worker complains of low back pain and the MRI showed signs of instability. The Official Disability Guidelines state surgical decompression of a lumbar nerve root or roots may include the following procedures: discectomy or microdiscectomy, partial removal of the disc, and laminectomy, hemilaminectomy, laminotomy, or foraminotomy (providing access by partial or total removal of various parts of the vertebral bone). The indications for surgery include findings which confirm the presence of radiculopathy. The objective findings on examination need to be present, such as a positive straight leg raise test, cross straight leg raise, and reflex examination should correlate with symptoms and imaging. Findings require at the L4 nerve root compression, severe unilateral quadriceps/anterior tibialis weakness/mild atrophy, mild to moderate unilateral quadriceps/anterior tibialis weakness, unilateral hips/thighs/knees/medial pain. And at the L5 nerve root compression requires at least 1 of the following to include severe unilateral foot/toe/dorsiflexor weakness/mild atrophy, mild to moderate foot/toe/dorsiflexor weakness, unilateral hip/lateral thigh/knee pain. The imaging studies require for concordance between radicular findings on radiologic evaluation and physical examination findings. Nerve root compression (L3, L4, L5, or S1), lateral disc rupture, lateral recess stenosis. The diagnostic imaging modalities include MRI, CT, myelography, CT myelography. The conservative treatments require all of the following, such as activity modification after patient education, drug therapy at least 1 of NSAIDs, other analgesic therapy, muscle relaxant, and epidural steroid injection. The guidelines require support provider referral to include physical therapy, manual therapy, psychological screening, and back school. The lumbar MRI, according to the provider, demonstrated significant lateral recess and central stenosis, as well as foraminal stenosis secondary to hypertrophy of the facet joints at L4-5. There is a lack of documentation regarding significant neurological deficits such as muscle motor strength weakness, and decreased sensation. Therefore, due to the lack of documentation regarding lack of radicular findings or clinical findings consistent with radiculopathy, the surgical request is not appropriate. As such, the request is not medically necessary.

Preop Ekg, Labs, Hp, Chest X-Ray: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.