

Case Number:	CM14-0159697		
Date Assigned:	10/03/2014	Date of Injury:	01/06/2014
Decision Date:	11/04/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/29/2014

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 Surgeon 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 64-year-old female who reported an injury on 01/06/2014. The injured worker reportedly strained her lower back while pushing a couch. The current diagnoses include degeneration of cervical intervertebral disc, cervical radiculopathy, degeneration of lumbar intervertebral disc and neurogenic claudication. The injured worker was evaluated on 08/20/2014 with complaints of persistent lower back pain. Previous conservative treatment is noted to include epidural steroid injection, rest, physical therapy, and medications. Physical examination revealed tenderness to palpation, limited lumbar range of motion, normal motor strength in the bilateral lower extremities, negative straight leg raising, and diminished ankle reflexes bilaterally. Treatment recommendations at that time included a bilateral laminectomy at L4-5 and L3-4. A Request for Authorization form was then submitted on 08/21/2014. It is noted that the injured worker underwent a lumbar spine MRI on 02/06/2014 which indicated minimal annular bulge at L3-4 without stenosis and a 3 mm disc bulge at L4-5 with minimal foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 And L4-5 Lumbar Laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter 305-307 Surgical Considerations

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Low Back Chapter, Discectomy/Laminectomy

Decision rationale: The injured worker is a 64-year-old female who reported an injury on 01/06/2014. The injured worker reportedly strained her lower back while pushing a couch. The current diagnoses include degeneration of cervical intervertebral disc, cervical radiculopathy, degeneration of lumbar intervertebral disc and neurogenic claudication. The injured worker was evaluated on 08/20/2014 with complaints of persistent lower back pain. Previous conservative treatment is noted to include epidural steroid injection, rest, physical therapy, and medications. Physical examination revealed tenderness to palpation, limited lumbar range of motion, normal motor strength in the bilateral lower extremities, negative straight leg raising, and diminished ankle reflexes bilaterally. Treatment recommendations at that time included a bilateral laminectomy at L4-5 and L3-4. A Request for Authorization form was then submitted on 08/21/2014. It is noted that the injured worker underwent a lumbar spine MRI on 02/06/2014 which indicated minimal annular bulge at L3-4 without stenosis and a 3 mm disc bulge at L4-5 with minimal foraminal stenosis.

Pre Op Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter Online Version Preoperative Testing general

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

1 Day 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 Hospital Length of Stay (LOS) Guidelines

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.