

Case Number:	CM14-0162029		
Date Assigned:	10/13/2014	Date of Injury:	11/10/2006
Decision Date:	12/31/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/02/2014

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 Surgery and is licensed to practice in New York. 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:

Patient has a date of injury of November 10, 2006. Patient has chronic low back pain. He's had injection therapy lumbar spine. His MRI shows L4-5 spondylolisthesis and spinal stenosis. On physical examination is decreased range of motion lumbar spine. He has 4+ over 5 knee extensor strength and decreased sensation in L5 and S1 distributions. Patient's diagnoses degenerative L4-5 facet arthropathy and L4-5 spondylolisthesis. At issue is whether lumbar surgery is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar 4-5 lamilectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Indications for Surgery, Discectomy/Laminectomy

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: MTUS low back pain chapter pages 305 through 322

Decision rationale: This patient does not meet criteria for L4-5 laminectomy surgery. Since it is no documentation of significant neurologic deficit. There is no clear correlation between

imaging studies and physical examination showing specific radiculopathy and nerve root compression on imaging study. Also, there is no clear documentation of recent an adequate conservative measure for chronic low back pain. Patient must have tried and failed considerable conservative measures to include physical therapy. More conservative measures are medically necessary. Surgery is not medically necessary.

One (1) day inpatient stay: 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.

Assistant surgeon: 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.

Medical clearance with internist: 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.