

Case Number:	CM14-0021356		
Date Assigned:	05/07/2014	Date of Injury:	09/18/1997
Decision Date:	08/13/2014	UR Denial Date:	02/05/2014
Priority:	Standard	Application Received:	02/20/2014

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 California. 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:

This is a 63-year-old female with a 9/18/97 date of injury; she was bending to put her work in a basket and was startled by someone behind her. She is status post L4-5 laminotomy and discectomy with partial facetectomy on 3/23/98. A 2/7/14 letter of appeal identified that the patient complained of hip pain and radiating lateral buttock nerve pain. She noted worsening of nerve pain in the left hip and buttocks that was limiting her capacity to perform activities of daily living. Exam revealed diminished sensation over the left L5-S1 dermatomal distribution. Motor strength showed weakness grade 4/5 in the left extensor hallucis longus and gastrocnemius. There was a positive straight leg raise. Electrodiagnostic studies done on 4/21/14 revealed chronic bilateral L5-S1 radiculopathy without acute denervation that correspond with the patient's symptoms. A 3/14/14 lumbar spine x-ray revealed mild to moderate multilevel degenerative joint disease. A 7/16/13 lumbar spine MRI report revealed minimal 1-2mm L4 on L5 anterolisthesis. Prior discectomy is evident at L4-5 with osseous ankyloses demonstrated across the disc level. L4-5 laminectomy is evident, sparing the right facet joint, which is ankylosed. At L3-4, there are mild degenerative changes with disc bulge and borderline spinal canal stenosis. The rest of the MRI was not provided for review. The prior determination identified that the MRI report revealed at L4-5 and L5-S1 postoperative changes with prior laminectomy. Mild bilateral foraminal stenosis at L5-S1. A 7/16/13 lumbar spine CT scan report revealed prior L4-5 and L5-S1 laminectomy. Prior L4-5 discectomy with evidence of solid osseous ankyloses at the disc level and right facet joint. No evidence for post-procedural complication. There were mild degenerative changes. Treatment to date includes epidural injections, physical therapy, a home exercise program, activity modification, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

LAMINECTOMY AND FORAMINOTOMY AT L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines and the AMA guidelines.

Decision rationale: The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. The patient has low back pain with radiation to the hip and lower extremity and 4/5 weakness in the gastrocnemius. There had been extensive conservative treatment. However, reported imaging findings did not reveal clear nerve root pathology. Specifically, there was no root compression on MRI at L3-4, with only L3-4 mild degenerative changes and borderline spinal canal stenosis. In addition, the electrodiagnostic studies identified chronic L5-S1 radiculopathy. It would be possible that the patient's gastrocnemius weakness could be due to an L5 radiculopathy. There was no clear evidence of radiculopathy that could be fully substantiated by exam and imaging findings. The medical necessity for the requested procedure was not substantiated.

INPATIENT 2 DAYS: Upheld

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

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.

FULL LAB WORK, EKG AND PLAIN LUMBAR X-RAYS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chapter 12 Low Back Complaints Page(s): 305-308.

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.

HISTORY AND PHYSICAL (TO CLEAR PATIENT SURGERY): Upheld

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

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.