

Case Number:	CM14-0029549		
Date Assigned:	06/16/2014	Date of Injury:	03/30/2012
Decision Date:	07/16/2014	UR Denial Date:	02/20/2014
Priority:	Standard	Application Received:	03/07/2014

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, has a subspecialty in Spine 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:

The claimant is a 29-year-old male with a 3/30/12 date of injury, and status post laminectomy and discectomy L5-S1 2013. At the time (2/20/14) of request for authorization for lumbar decompression including laminectomy, discectomy, facetectomy, foraminotomy at L5-S1, fusion with iliac bone graft and instrument including cages and pedicle screws, and 2-3 inpatient stay, there is documentation of subjective (back pain and left leg pain) and objective (no new motor or sensory deficits, decreased lumbar spine range of motion) findings, imaging findings (lumbar spine MRI (7/30/13) report revealed L5-S1 left laminectomy, there is a 4-5 mm left paracentral disc protrusion with left foraminal narrowing and bilateral facet hypertrophy, soft tissue adjacent to the left S1 nerve root, possible disc material, cannot exclude granulation tissue), current diagnoses (status post micro-laminectomy at L5-S1 on the left with residual scar tissue and back pain), and treatment to date (activity modification, medications, physical therapy, and epidural injections). 6/4/14 medical report identified that patient already had 50% of the facets removed and any additional decompression would have to remove than 50% of the facets and therefore will cause iatrogenic instability. There is no documentation of objective signs of neural compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DECOMPRESSION INCLUDING LAMINECTOMY, DISCECTOMY, FACETOMY, FORAMINOTOMY AT L5-S1 FUSION WITH ILIAC BONE GRAFT AND INSTRUMENTS INCLUDING CAGES AND PEDICLE SCREWS: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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 (ODG) Low Back Discectomy/laminectomy and Fusion (spinal).

Decision rationale: MTUS reference to ACOEM identifies documentation of 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; Failure of conservative treatment; and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings, which confirm presence of radiculopathy, objective findings that correlate with symptoms and imaging findings in concordance between radicular findings on radiologic evaluation and physical exam findings, as criteria necessary to support the medical necessity of decompression/laminotomy. Within the medical information available for review, there is documentation of diagnoses of status post micro-laminectomy at L5-S1 on the left with residual scar tissue and back pain. In addition, there is documentation of abnormalities on imaging studies and failure of conservative treatment; and an indication for fusion (a statement that decompression will create surgically induced instability). However, there is no documentation of objective signs of neural compromise. Therefore, based on guidelines and a review of the evidence, the request for lumbar decompression including laminectomy, discectomy, facetectomy, foraminotomy at L5-S1, fusion with iliac bone graft and instrument including cages and pedicle screws is not medically necessary.

2-3 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.