

Case Number:	CM14-0038523		
Date Assigned:	06/27/2014	Date of Injury:	08/29/2011
Decision Date:	08/14/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Othopedic 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 52-year-old female who reported an injury on 08/29/2011 after a fall off a ladder. The injured worker reportedly sustained an injury to her low back that ultimately resulted in surgical intervention. The injured worker underwent an MRI on 01/07/2014 that documented there was no evidence of definitive interval postsurgical changes and there was a disc bulge at the L4-5 without thecal sac indentation or nerve root compression. The injured worker was evaluated on 01/21/2014. It was documented that the injured worker had continued complaints of right leg numbness and tingling. Physical findings included decreased sensation in the right L5 dermatomal distribution with 4/5 motor strength in the right AT and EHL. The injured worker's diagnoses included lumbar degenerative disc disease, lumbar radiculopathy, and cervical spondylosis. A request was made for posterior lumbar laminectomy with decompression fixation and fusion at the L5-S1; however, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Stage 2: posterior lumbar laminectomy with decompression, fixation and fusion at L5-S1:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307.

Decision rationale: The requested Stage 2: posterior lumbar laminectomy with decompression, fixation and fusion at L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends fusion surgery for patients who have evidence of instability and severe disabling lower leg symptoms consistent with pathology identified on an imaging study. The clinical documentation submitted for review does not provide any significant evidence of instability or spinal trauma that would support the need for fusion surgery at the L5-S1. There is no documentation of significant neural compromise that would contribute to severe disabling symptoms. As such, the requested Stage 2: posterior lumbar laminectomy with decompression, fixation, and fusion at L5-S1 is not medically necessary or appropriate.

3 day inpatient hospital 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: As the primary service is not supported, this associated service is also not supported.