

Case Number:	CM14-0059336		
Date Assigned:	06/20/2014	Date of Injury:	10/25/2010
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/12/2014

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 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:

The patient is a 52-year-old male with history of back pain. The patient is also a smoker. The patient underwent cervical surgery to help reduce neck pain to a mild degree. He takes narcotics for his back pain. On physical examination, there is decreased range of motion of the lumbar spine. There is significant tenderness to palpation lumbar spine. Reflexes were 2+ at the patellae and Achilles. Motor function is normal in the bilateral lower extremities with the exception of 3/5 right dorsiflexion and 4/5 plantar flexion on the left side. The patient has a date of injury of October 25, 2000. The patient had lumbar epidural steroid injection in May 2012 with 3 days of relief. Lumbar MRI from March 2012 shows degenerative disc condition with spinal canal stenosis at L2-3. There is mild to moderate foraminal narrowing at L4-5. At issue is whether laminectomy at L2-3 is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy of L2-L3: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The patient does not meet criteria for lumbar laminectomy at L2-3. Specifically, the physical examination does not document clear L3 radiculopathy that is correlated with MRI imaging studies. There is no evidence of physical examination showing L3 radiculopathy. In addition, the patient does not have progressive neurologic deficit. Also, adequate documentation of conservative measures to include a recent trial and failure physical therapy are not documented. The established criteria for lumbar decompressive surgery are not met at this time.