

Case Number:	CM14-0060030		
Date Assigned:	07/09/2014	Date of Injury:	06/02/2008
Decision Date:	08/26/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/30/2014

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 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 56-year-old male who reported an injury on 01/13/2014. The mechanism of injury was not stated. Current diagnoses include degenerative disc disease in the lumbar spine, lumbar stenosis, lumbar radiculopathy, and facet arthropathy. The injured worker was evaluated on 03/24/2014 with complaints of severe lower extremity pain. It is noted that the injured worker has failed non-surgical management, however, the previous conservative treatment was not mentioned. Physical examination revealed diffuse tenderness to palpation of the lumbar spine with limited range of motion and an antalgic gait. A previous MRI on an unknown date reportedly indicated severe stenosis at L1 through S1 with epidural lipomatosis spanning L1 through S1. Treatment recommendations on that date included a decompressive laminectomy at L1 through S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Corset Brace QTY: 1: 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.

Lumbar Decompressive Laminectomy and removal of epidural lipomatosis at the levels of L1-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/ Laminectomy.

Decision rationale: MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state prior to a laminectomy/discectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There were also no imaging studies or electrodiagnostic reports submitted for this review. Based on the clinical information received, the request is not medically necessary.