

Case Number:	CM14-0064328		
Date Assigned:	07/11/2014	Date of Injury:	03/08/2000
Decision Date:	09/08/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/07/2014

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 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 63-year-old male who reported an injury on 03/08/2000. The diagnosis included spinal stenosis, lumbar. The mechanism of injury was the injured worker walked onto a dock where he thought a suspect was and lost his footing, causing him to slip and catch his fall on a post. Prior treatments included medications and epidural steroid injections. The documentation of 11/26/2013 revealed the injured worker's diagnosis was lumbar disc disease. The documentation indicated the injured worker's symptoms were the same and he was not interested in an epidural steroid injection as he had a bad response to the last 1. The documentation indicated the injured worker did well in a grocery store where he could lean forward onto a cart. The prior surgical interventions were noncontributory. The medications included celecoxib, gabapentin, glucosamine and chondroitin, hydrocodone/acetaminophen, ibuprofen, lorazepam, and multiple vitamins. Physical examination revealed the injured worker had no pain with range of motion of the bilateral hips, knees, and ankles. The neurological sensations of the bilateral lower extremities were noted to be within normal limits as was the motor strength. The reflexes were normal. The straight leg raise was negative bilaterally. The gait was antalgic. The documentation indicated the injured worker had x-rays, a computerized tomography (CT) scan, and an magnetic resonance imaging (MRI). The x-rays and CT scan were noted to be unchanged. The review of the MRI revealed the injured worker had some central stenosis at 3/4 and 4/5 levels, the majority of the stenosis was central. There was no obvious foraminal or far lateral stenosis. The assessment indicated the injured worker had a clinical presentation of lumbar radiculopathy. The treatment plan included a single level or 2 level decompression. The subsequent documentation of 03/24/2014 was a request for an L3-4 and L4-5 laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L3-4 and L4-5 Laminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG - TWC Low Back Procedure Summary.

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

Decision rationale: The American College of Occupational and Environmental Medicine (ACOEM) Guidelines indicate that surgical consultations are appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had activity limitations and had a failure of conservative treatment. There was lack of documentation of objective findings of radiculopathy. There was no official magnetic resonance imaging (MRI) report submitted for review and there was a lack of electrophysiological evidence that was presented with official results for review. Given the above, the request for outpatient L3-4 and L4-5 laminotomy is not medically necessary.