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| Case Number: | CM14-0075435 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 08/09/2005 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 05/12/2014 |
| Priority: | Standard | Application Received: | 05/23/2014 |

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 Neurological 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 records, presented for review, indicate that this 51-year-old female was reportedly injured on August 9, 2005. The mechanism of injury was listed in these records reviewed. The most recent progress note, dated March 24, 2014, indicated that there were ongoing complaints of low back pain. The injured employee is currently using a spinal cord stimulator. The physical examination demonstrated ambulation with the assistance of a walker. There was diffuse weakness of the left leg as well as skin changes with dryness. A diagnostic Computed Tomography (CT) cervical spine indicated a spinal fusion at L4-L5 and L5-S1 with discectomies at these levels. There was also laminectomy of L5-S1, a facetectomy at L5-S1, and a partial facetectomy at L4-L5. An MRI of the lumbar spine also indicated postsurgical changes without evidence of neural impingement and in good position of interbody cages at L4-L5 and L5-S1. Previous treatment included lumbar spine surgery and the use of a spinal cord stimulator. A request had been made for a repeat laminectomy of L4 through S1 with hardware removal and a preoperative clearance and was not certified in the pre-authorization process on May 12, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-Laminectomy L4-S1 with removal of hardware: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter and Indications for Surgery - Discectomy/laminectomy.

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 - Lumbar and Thoracic, Laminectomy/Laminotomy, Updated August 22, 2014.

Decision rationale: According to the Official Disability Guidelines, a laminectomy procedure is recommended for lumbar spinal stenosis secondary to degenerative processes exhibiting ligament hypertrophy, facet hypertrophy, and disc protrusion. According to the recent Computed Tomography (CT) and MRI the lumbar spine, there is evidence of these findings at the operative levels. Furthermore, current hardware is stated to be in good position. For these reasons, this request for a repeat laminectomy from L4 through S1 with removal of hardware is not medically necessary.

Preoperative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40p (26 references).

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 - Lumbar and Thoracic, Preoperative Testing, General, Updated August 22, 2014.

Decision rationale: As the accompanying request for lumbar spine surgery has been determined not to be medically necessary, so is this request for preoperative clearance.