

Case Number:	CM14-0075973		
Date Assigned:	07/16/2014	Date of Injury:	02/13/2014
Decision Date:	12/12/2014	UR Denial Date:	05/08/2014
Priority:	Standard	Application Received:	05/24/2014

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 Orthopaedic Surgery, has a subspecialty in Spine Fellowship 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:

According to the records made available for review, this is a 68-year-old male with a 2/13/98 date of injury. At the time (4/15/14) of request for authorization for 1-day inpatient hospitalization or outpatient 23-hr observation for L4-L5 laminectomy, there is documentation of subjective complaints are difficulty in walking due to leg pain and back pain. The objective findings include able to walk on toes, sensation intact to light touch and pinprick, 1+ reflexes, and focal tenderness on the back. The imaging findings are MRI of the lumbar spine (4/14/14) report revealed 3.7 mm left paracentral disc protrusion that abuts the thecal sac; combined with facet and ligamentum hypertrophy there is marked spinal canal narrowing as well as left greater than right lateral recess and neuroforaminal narrowing; and there is impingement on the cauda equina and L4 exiting nerve roots at the L4-5 level. The current diagnosis is lumbar stenosis. Treatments to date are medications, epidural steroid injections, home exercise program, physical therapy, acupuncture, and chiropractic therapy. There is no specific documentation of subjective and objective radicular findings in the requested nerve root distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-day Inpatient hospitalization or outpatient 23-hr observation for L4-L5 Laminectomy:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Specifically regarding lumbar laminectomy, MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminectomy/fusion. Official Disability Guidelines (ODG) identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy; objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms; imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings; and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of decompression. Specifically regarding hospital length of stay, MTUS does not address the issue. ODG identifies hospital LOS for up to 4 days in the management of lumbar decompression/fusion. Within the medical information available for review, there is documentation of a diagnosis of lumbar stenosis. In addition, given documentation of imaging findings (MRI of the lumbar spine identifying marked spinal canal narrowing as well as left greater than right lateral recess and neuroforaminal narrowing, and there is impingement on the cauda equina and L4 exiting nerve roots at the L4-5 level), there is documentation of imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis). Furthermore there is documentation of failure of conservative treatment (activity modification, medications, and physical modalities). Lastly, the requested 1-day inpatient hospitalization or outpatient 23-hr observation meets guidelines. However, despite documentation of nonspecific subjective complaints (difficulty in walking due to leg pain and back pain) and objective findings (1+ reflexes), there is no specific documentation of subjective and objective radicular findings in the requested nerve root distribution. Therefore, based on guidelines and a review of the evidence, this request is not medically necessary.