

Case Number:	CM14-0077747		
Date Assigned:	07/18/2014	Date of Injury:	07/22/2003
Decision Date:	09/17/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/27/2014

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 Spine 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 76-year-old male with a reported date of injury on 07/22/2003; the mechanism of injury was not provided within the medical records. Diagnoses included severe L4-5 lumbar spinal stenosis with lateral recess stenosis, mild to moderate stenosis at L2-3 and L3-4, radiculopathy/radiculitis, and facet syndrome L4-5, and L3-4 through L5-S1. Prior treatments included physical therapy, lumbar medial branch radiofrequency neurotomy at the L3, L4, L5 branch bilaterally on 06/09/2009, medial branch block to the lumbar facets on the left at L3, L4, L5 on 09/26/2006, and epidural steroid injections. Diagnostic studies included x-rays of the lumbar spine performed on 05/08/2014, an MRI of the thoracic spine performed on 05/07/2014, and an MRI of the lumbar spine performed on 04/18/2014 which revealed significant facet arthropathy, subarticular stenosis and foraminal narrowing at L4-5, low profile right eccentric protrusion L2-3 which flattened the ventral thecal sac and was associated with a moderate degree of narrowing, and lesser discogenic changes at L3-4 and L5-S1. Surgical history included a bilateral hemilaminectomy at L4-5, foraminotomy, decompression, medial facetectomy at bilateral L4-5 and repair of incidental durotomy at L4-5 on 06/17/2014 and a re-exploration of posterior lumbar wound irrigation and debridement, repair of complex dural tear, and microscopic re-exploration and decompression and repair of the dura on 06/20/2014. The clinical note dated 05/08/2014 noted the injured worker reported increasing pain. The injured worker had pain to the back and bilateral legs. The provider recommended a laminectomy, bilateral decompression, discectomy, foraminotomies, and facet neurotomies for L4-5 and further facet neurotomies to address the L3, L4, and L5. The physician noted the injured worker had deterioration in their condition despite conservative care for the prior year. The history and physical dated 07/23/2014 noted the injured worker underwent surgery with a subsequent dural tear. The injured worker reported low back pain which he attributed to pressure from his

bladder. The injured worker denied any numbness, tingling, or radicular pain in the lower extremities. The injured worker had 5/5 strength to the lower extremities bilaterally and lower extremity sensation was intact. The injured worker's medication regimen was not provided within the medical records. The physician's treatment plan was not indicated within the provided documentation. The physician's rationale for the request was not provided within the medical records. The Request for Authorization was not submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary, hospital length of stay.

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, Hospital length of stay (LOS).

Decision rationale: The Official Disability Guidelines recommend a mean hospital stay of 3.5 days after laminectomy. Per the provided documentation the injured worker underwent surgical intervention on 06/17/2014 and again on 06/20/2014. There is no indication that the injured worker is scheduled to undergo a surgical procedure within the near future. The requesting physician's rationale for the request is not indicated. The guidelines recommend a mean stay of 3.5 days. The request for 4 days would exceed the guideline recommendations. As such, the request for 4 inpatient stay is not medically necessary.

Bilateral medial branch neurotomies L3-L4 L4-L5 L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Facet joint radiofrequency neurotomy.

Decision rationale: The California MTUS/ACOEM guidelines state there is good quality medical literature demonstrating that radiofrequency neurotomy of facet joint nerves in the cervical spine provides good temporary relief of pain; similar quality literature does not exist regarding the same procedure in the lumbar region. Lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state treatment requires a diagnosis of facet joint pain using a medial branch block with a response of 70% for at least 2 hours for Lidocaine. Facet

neurotomies are limited to patients with low-back pain that is non-radicular and at no more than two levels bilaterally. The guidelines note no more than 2 facet joint levels are to be injected in one session. Within the provided documentation there is a lack of documentation indicating the injured worker has significant signs and symptoms of facetogenic pain. There is a lack of documentation demonstrating the injured worker had significant relief of pain with the prior medial branch block, as well as with the prior radiofrequency ablation. There is a lack of documentation indicating medial branch blocks were performed to all of the levels being requested. Additionally, the guidelines recommend no more than 2 levels be performed at 1 time; however, the requested radiofrequency neurotomy is for 3 levels. As such, the request is not medically necessary.