

Case Number:	CM14-0081861		
Date Assigned:	07/18/2014	Date of Injury:	05/08/1996
Decision Date:	09/17/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	06/03/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 57-year-old male with a 5/8/96 date of injury, and L4-L5 and L5-S1 bilateral laminectomy, medial facetectomy, and foraminotomy on 2/5/14. At the time (4/22/14) of request for authorization for Left L5-S1 redo. Hemilaminotomy, Microdiscectomy, outpatient and Pre-op Medical clearance, H&P, Labs, EKG with internal Medicine, there is documentation of subjective (severe low back pain radiating to left posterior hamstring and calf) and objective (5/5 motor strength in all extremities, no sensory deficits to light touch in all dermatomes, and lower extremities reflexes are intact) findings, imaging findings (lumbar MRI (4/1/14) report revealed left sided disc extrusion at L5-S1 effacing the left subarticular recess and impinging on the left S1 nerve root, central canal stenosis at L4-5 (due to facet arthropathy, ligamentum flavum hypertrophy, and diffuse annular bulge) which may cause impingement on the left L5 nerve root, and multiple areas of neural narrowing), current diagnoses (lumbosacral stenosis), and treatment to date (medications and physical therapy). Medical report identifies that radiating pain is consistent with S1 dermatomal distribution. Regarding Hemilaminotomy and Discectomy, there is no documentation of objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 redo Hemilaminotomy, Microdiscectomy, outpatient: 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 radiculopathy.

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) Low Back Chapter, Discectomy/laminectomy.

Decision rationale: 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 laminotomy/fusion. 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, and 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, as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of a diagnosis of lumbosacral stenosis. In addition, there is documentation of symptoms (pain along the S1 dermatomal distribution) which confirm presence of radiculopathy. Furthermore, there is documentation of imaging findings (left sided disc extrusion at L5-S1 effacing the left subarticular recess and impinging on the left S1 nerve root). However, despite objective (5/5 motor strength in all extremities, no sensory deficits to light touch in all dermatomes, and lower extremities reflexes are intact) findings, there is no documentation of objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms. Therefore, based on guidelines and a review of the evidence, the request for Left L5-S1 redo Hemilaminotomy, Microdiscectomy, outpatient is not medically necessary.

Pre-op Medical clearance, H&P, Labs, EKG with internal Medicine: 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.