

Case Number:	CM14-0085623		
Date Assigned:	07/23/2014	Date of Injury:	08/25/2007
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/09/2014

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 62 year old female who sustained an injury on 08/25/07 when she tripped and fell injuring her low back. The injured worker has been followed for complaints of low back pain with associated numbness and tingling in the bilateral lower extremities with associated pain. Prior conservative treatment did include epidural steroid injections completed in November of 2012 with repeat injections completed on 07/01/13. The injured worker's list of medication usage includes anti-inflammatories, muscle relaxers, anticonvulsants, and narcotics for pain. She has also received trigger point injection therapy for myofascial pain in the lumbar spine in September of 2012 and has been evaluated for a preoperative psychological consult on 12/19/13. No contraindications to surgery were noted. The most recent imaging study available for review was from 09/18/13 which was an MRI of the lumbar spine. Per the report, there were disc protrusions noted from L3 through S1 with associated facet hypertrophy creating mild central canal and mild to moderate bilateral lateral recess stenosis at L3-4 as well as mild neuroforaminal encroachment at L3-4 and at L4-5. There was a slightly larger disc protrusion eccentric to the left with facet hypertrophy producing mild central canal stenosis as well as mild to moderate right lateral recess stenosis and more moderate left lateral recess stenosis. At L5-S1, there was facet hypertrophy without evidence of a substantial disc bulge. Minimal lateral recess stenosis was identified as well as foraminal encroachment. The clinical report from 05/06/14 noted that the injured worker continued to have complaints of low back pain radiating to the lower extremities despite conservative treatment to date. Physical examination noted a flattened lordosis with tenderness to palpation in the lower lumbar spine. Limited range of motion was present on physical examination and straight leg raise was reported as positive to the right. There was a right sided antalgic gait with mild weakness at the right extensor hallucis longus,

tibialis anterior, and gastroc. The requested L3 through S1 lumbar decompression via laminectomy with fusion and instrumentation was denied by utilization review on 05/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3 through S1 decompression laminectomy with fusion and instrumentation; QTY: 1.00:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: In regards to the request for an L3 through S1 decompression, laminectomy with fusion, and instrumentation, this reviewer would not have recommended this request as medically necessary. In review of the injured worker's clinical documentation, it is unclear what the injured worker's pain generator currently is. Imaging noted disc protrusions and associated facet arthropathy at L3-4 and L4-5 contributing to stenosis without evidence of nerve root involvement. There was relatively no stenosis at L5-S1. There was no evidence of any severe disc space collapse, motion segment instability, or severe spondylolisthesis at any level of the lumbar spine that would have reasonably required fusion and instrumentation procedures. There was lack of any clear nerve root involvement or evidence for severe degenerative instability contributing to nerve root involvement, therefore this request is not medically necessary.