

Case Number:	CM14-0090661		
Date Assigned:	07/23/2014	Date of Injury:	03/31/2011
Decision Date:	10/02/2014	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/16/2014

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 49 year old female who sustained an injury on 03/31/11. No specific mechanism of injury was noted. The injured worker was followed for chronic complaints of neck pain and low back pain. The injured worker had extensive cervical fusion from C3 to C7 with posterior spinal fusion on 03/22/13 from C3 to T1. The injured worker was also followed for complaints of chronic low back pain secondary to severe degenerative disc disease in the lumbar spine. Prior treatment included physical therapy through 06/14. Magnetic resonance image from 05/24/12 noted 2-3mm disc bulging at L3-4 and L5-S1 and 4-5mm disc protrusion at L4-5 contributing to mild/moderate canal stenosis and moderate neural foraminal stenosis. Electrodiagnostic studies from 08/12 were negative for any evidence consistent with lumbar radiculopathy. The injured worker was previously recommended for posterior lumbar interbody fusion from L3 through S1 however this was denied in the past through utilization review. Radiographs of the lumbar spine from 12/11/13 noted mild to moderate degenerative changes most prominent at L5-S1. The last evaluation was from 05/29/14 which indicated the injured worker had progressed symptom had progressive symptoms in the lower extremities with dyesthesia. Physical examination noted intact strength. No other findings were noted. The requested removal of the lamina and facets in the lumbar spine was denied by utilization review on 06/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Remove lamina/facets lumbar: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: It is the opinion of this reviewer that medical necessity for the request is not established at this time. The levels for removal of the lamina and facets in the lumbar spine were not specifically noted. The injured worker has imaging that is more than two years old and unremarkable findings on most recent physical examination from 05/14. The injured worker had prior conservative treatment in consisting of physical therapy; however, there was no discussion of recent injections. No evidence of instability or other findings for neurological deficit were noted to support the surgical request. Therefore this request is not medically necessary.