

Case Number:	CM13-0066204		
Date Assigned:	01/03/2014	Date of Injury:	12/05/2007
Decision Date:	01/22/2015	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/16/2013

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, has a subspecialty in Spine Surgery 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 55-year-old male with a 12/6/07 date of injury. At the time (10/21/13) of request for authorization for 1 day inpatient los; laminotomy, foraminotomy/decompression L4-5, L5-S1 with left sided L5-S1 discectomy with possible consideration for placement of a coflex device at L4-5 with possible interlaminar stabilization; and pre op clearance consultation, there is documentation of subjective (low back and lower extremity radicular pain with weakness) and objective (positive left sided straight leg raise) findings, imaging findings (MRI lumbar spine (6/7/13) report revealed L5-S1 mild disc desiccation with degenerative changes and broad based disc protrusion resulting in moderate to severe left lateral recess and left neural foraminal narrowing at the L4-5 levels with mild to moderate bilateral facet degenerative changes and moderate bilateral lateral recess and neuroforaminal narrowing), current diagnoses (lumbosacral sprain/strain with radiculopathy, moderate spinal stenosis at L4-5, and large disc herniation with cephalad extrusion at L5-S1), and treatment to date (physical therapy and medications). Medical report identifies that patient uses cane for ambulation. Regarding laminotomy, foraminotomy/decompression L4-5, L5-S1 with left sided L5-S1 discectomy with possible consideration for placement of a coflex device at L4-5 with possible interlaminar stabilization, there is no documentation of subjective (pain, numbness, tingling) and objective (sensory, reflex, or motor changes) findings in the requested nerve root distribution; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; and an Indication for fusion (instability or a statement that decompression will create surgically induced instability).

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Day inpatient LOS: 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.

Laminotomy, foraminotomy/decompression L4-5, L5-s1 with left sided L5-S1 discectomy with possible consideration for placement of a coflex device at L4-5 with possible interlaminar stabilization: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307, Spinal Fusion.

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

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, and an Indication for fusion (instability OR a statement that decompression will create surgically induced instability), as criteria necessary to support the medical necessity of laminotomy. Within the medical information available for review, there is documentation of diagnoses of lumbosacral sprain/strain with radiculopathy, moderate spinal stenosis at L4-5, and large disc herniation with cephalad extrusion at L5-S1. In addition, given documentation of imaging findings (MRI of lumbar spine identifying L5-S1 mild disc desiccation with degenerative changes and broad based disc protrusion resulting in moderate to severe left lateral recess and left neural foraminal narrowing at the L4-5 levels with mild to moderate bilateral facet degenerative changes and moderate bilateral lateral recess and neuroforaminal narrowing), there is documentation of abnormalities on imaging studies (moderate spinal stenosis, greater lateral recess and neural foraminal stenosis). However, despite nonspecific documentation of subjective (low back and lower extremity radicular pain with weakness) and objective (positive left sided straight leg raise) findings, there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, tingling) and objective (sensory, reflex, or motor changes) findings in the requested nerve root distribution. In addition, despite documentation of failure of conservative treatment (physical therapy and medications), and that patient uses cane for ambulation, there is no (clear) documentation of activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Furthermore, there is no documentation of an Indication for fusion (instability or a statement that decompression will create surgically induced instability). Therefore, based on

guidelines and a review of the evidence, the request for laminotomy, foraminotomy/decompression L4-5, L5-S1 with left sided L5-S1 discectomy with possible consideration for placement of a coflex device at L4-5 with possible interlaminar stabilization is not medically necessary.

Pre op clearance consultation: 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.