

Case Number:	CM14-0187411		
Date Assigned:	11/17/2014	Date of Injury:	03/26/2006
Decision Date:	02/05/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/10/2014

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, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 patient has a date of injury of March 26, 2006. The patient is a 54-year-old male and has chronic low back pain. He was diagnosed with lumbosacral neuritis. He has a history of open laminectomy discectomy at L5-S1 2006 and has been treated with physical therapy injections and medications. The Lumbar MRI from December 2013 shows disc herniation and lateral recess stenosis at L5-S1. There is bilateral recess stenosis at L4-5. Neurophysiologic testing from January 2014 demonstrated chronic left S1 radiculopathy. On the physical examination the patient has normal strength and intact sensation in the lower extremities. At issue is whether lumbar laminectomies medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter- Lumbar & Thoracic, Discectomy/Laminectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter pages 305 through 322

Decision rationale: Since the primary procedure is not med necessary, none of the associated services are medically necessary.

Associated Surgical Service: Left L4-S1 Interlaminar Decompression with Left L5-S1 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter- Lumbar & Thoracic, Discectomy/Laminectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter pages 305-322

Decision rationale: This patient does not meet establish criteria for lumbar laminectomy surgery. Specifically there is no clear correlation between physical exam showing specific radiculopathy an MRI imaging study showing specific compression of I nerve root. There is no significant neurologic deficit noted on physical examination. There were no red flag indicators for spinal decompressive surgery such as tumor, fracture or progressive deficit. Laminectomy surgery not medically needed.