

Case Number:	CM14-0190538		
Date Assigned:	11/24/2014	Date of Injury:	01/05/2012
Decision Date:	01/14/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/15/2014

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 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:

This is a 44 year old male with a 1/5/12 injury date. In a 10/27/14 note, the patient complained of worsening back pain even with regular activities, and right worse than left radicular pain with numbness and tingling toward both heels and feet. Objective findings included lumbar tenderness, motion loss, slight weakness of the right gastrocnemius, and decreased bilateral S1 dermatomal sensation. In a 10/14/14 note, objective findings included positive straight leg raise tests bilaterally, asymmetric ankle reflexes, and 4/5 strength on the right extensor hallucis longus. In a 4/17/14 AME, the provider did not recommend any future treatment beyond medication and physical therapy for flare-ups. A 3/21/14 lumbar MRI revealed mild degenerative disc disease, a left paracentral disc protrusion at L3-4 with 4 mm dorsal extension, mild L3-4 facet arthrosis and mild canal narrowing, and an L5-S1 disc osteophyte complex with mild canal narrowing and mild bilateral neural foraminal narrowing. An 8/20/12 electrodiagnostic study revealed more proximal L5 root irritation bilaterally. A 1/5/12 lumbar x-ray showed possible left unilateral L5 pars defect without spondylolisthesis. The provider recommended L5-S1 laminectomy and interbody fusion. Diagnostic impression: lumbar degenerative disc disease, radiculopathy. Treatment to date: injections, physical therapy, medications. A UR decision on 10/31/14 denied the request for L5-S1 laminectomy and fusion because the MRI findings were mild and degenerative in nature with no structural changes that would warrant decompression and fusion. The requests for inpatient hospital stay and lumbar orthosis were denied because the associated procedure was not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Laminectomy: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Laminectomy

Decision rationale: CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. Although the recommendation in the medical notes was for L5-S1 decompression and fusion, the current request for this review is for L5-S1 decompression only. In actuality, there is more support decompression alone at L5-S1. The patient has recent progression of radicular symptoms and objective exam findings of L5 and S1 nerve root compromise, including decreased sensation at L5, foot drop, gastroc weakness, asymmetric ankle reflexes, and positive straight leg raise testing. The MRI and EMG/NCV studies correlate with pathology at this level. There is weak evidence for the need for spinal fusion at L5-S1 because there was no evidence of spinal instability at this level and only mild disc disease. The request for L5-S1 laminectomy appears to be supported. Therefore, the request for L5-S1 laminectomy is medically necessary.

Associated surgical service: Inpatient hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Procedure Summary

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Hospital length of stay

Decision rationale: CA MTUS does not address this issue. ODG supports a 1-day hospital stay after lumbar laminectomy. However, the current request for "inpatient hospital stay" did not specify the number of days, and this type of review cannot modify requests. Therefore, the request for inpatient hospital stay is not medically necessary.

Associated surgical service: Lumbar orthosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter--Lumbar supports

Decision rationale: CA MTUS states that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief, however, ODG states that lumbar supports are not recommended for prevention; as there is strong and consistent evidence that lumbar supports were not effective in preventing neck and back pain. They are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, and for treatment of nonspecific LBP as a conservative option. However, there is limited evidence that a brace would be necessary or effective after a single-level lumbar laminectomy. Therefore, the request for lumbar orthosis is not medically necessary.