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| Case Number: | CM14-0199396 | | |
| Date Assigned: | 12/09/2014 | Date of Injury: | 06/12/2006 |
| Decision Date: | 01/23/2015 | UR Denial Date: | 11/21/2014 |
| Priority: | Standard | Application Received: | 11/26/2014 |

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 Spine Surgeon and is licensed to practice in New Jersey. 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 45-year-old male who reported injury on 06/12/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of joint derangement of the ankle, lumbago, obesity not otherwise specified, lumbar disc displacement at the L4-5 and L5-S1, lumbosacral neuritis, not otherwise specified of the left and postlaminectomy syndrome of the lumbar spine. Past medical treatment consists of surgery, and medication therapy. Medications include Norco, Tizanidine, Cymbalta, Viagra, Metformin, Glipizide, and Lisinopril. On 06/17/2014, the injured worker underwent an MRI of the lumbar spine which showed laminotomy at L5-S1. Disc/endplate degeneration, disc extrusion/bulge from L2-3 to "L5-S11". Facet hypertrophy at L4-5 and L5-S1, eccentric disc extrusion produced mild L2-3 spinal stenosis and effaced the left axillary recess impinging on the left L3 nerve root. Disc extrusion effaced the L3-4 left axillary recess impinging on the left L4 nerve root minimally abutting the right L4 nerve root. Disc extrusion effaced the L4-5 left axillary recess impinging on the left L4 nerve root minimally abutting the right L5 nerve root. Disc extrusion at L5-S1 abuts and displaced the right S1 nerve root in the right axillary recess, moderate to severe left L5-S1 foraminal narrowing, impinging on the left L5 nerve root. On 11/19/2014, the injured worker was seen at a follow-up appointment and complained of back pain that radiates to the posterior thigh. The injured worker rated the pain at a 6/10. Upon physical examination of the lumbar spine, there were no gross deformities. Range of motion revealed a decreased extension and left lateral flexion. There was moderate tenderness to palpation throughout the lumbosacral spine and paraspinals with paralumbar muscles. It was also noted there was point tenderness of the right lower facets reproducing pain in the low back. There was stable muscle strength. Sensory examination revealed mild decrease to light touch and pinprick in the posterior lower extremities. The injured worker produced a positive straight leg raise, positive Patrick's, Faber, and

Gaenslen's test on the right. The medical treatment plan is for the injured worker to undergo posterior laminectomy at L2-S1. The rationale and Request for Authorization form were not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) L2 to S1 Posterior Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The request for (1) L2 to S1 posterior laminectomy is not medically necessary. The California MTUS/ACOEM Guidelines state that surgical considerations for laminectomy are as follows: severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies; preferable with accompanying objective signs of neural compromise; activity limitation due to radiating leg pain for more than 1 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/or failure of conservative treatment to resolve disabling radicular symptoms. It was indicated in the report dated 11/19/2014 that the injured worker was postop laminectomy of the lumbar spine. It did not indicate when the injured worker underwent the surgery, nor did it indicate at what levels. Additionally, it was also stated in the report that the patient was scheduled for posterior lumbar laminectomy in 12/2014. It is not documented in the report what level of the lumbar spine was going to have the laminectomy in December. The report submitted for review also did not indicate that the injured worker was having severe and disabling lower leg symptoms. The examination lacked objective signs of neural compromise. There was no mention of activity limitations due to the pain. Furthermore, there was no evidence documented showing that the injured worker had failed any conservative treatments. Given the above, the injured worker is not within California MTUS recommended guideline criteria. As such, the request is not medically necessary.

Associates Surgical Services: (1) day of hospital inpatient stay: 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.

