

Case Number:	CM14-0203167		
Date Assigned:	12/15/2014	Date of Injury:	03/01/2012
Decision Date:	01/31/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	12/04/2014

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 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 52-year-old male with a 3/1/12 date of injury. At the time (10/24/14) of request for authorization for 1 Posterior Lumbar Laminectomy at L4-S1 and 1 Foraminotomy at L4-S1, there is documentation of subjective (low back pain radiating down to the leg with numbness and tingling) and objective (decreased lumbar range of motion with pain, sciatic notch pain, decreased strength in the left tibialis anterior, extensor hallucis longus, and gastrocnemius muscles; decreased sensation to light touch at the L5-S1 dermatomes, and absent plantar flexion and Achilles reflexes bilaterally) findings, imaging findings (MRI of the lumbar spine (9/21/14) report revealed that at L4-L5 there is severe left and mild right neural foraminal narrowing, and moderate spinal canal stenosis measuring 8mm in AP dimension; and at L4-L5 there is a moderate spinal canal stenosis measuring 8 mm in AP dimension, and there is bilateral facet joint hypertrophy with ligamentum flavum redundancy), current diagnoses (spinal stenosis and radiculopathy), and treatment to date (epidural steroid injection, acupuncture, and medications). 11/21/14 medical report identifies objective findings (decreased lumbar range of motion with pain, sciatic notch pain, decreased strength in the right tibialis anterior, extensor hallucis longus, and gastrocnemius muscles; decreased sensation to light touch at the L4-S1 dermatomes, and decreased plantar flexion and Achilles reflexes bilaterally). There is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy) and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Posterior lumbar laminectomy at L4-S1: Upheld

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

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, as criteria necessary to support the medical necessity of laminotomy. Within the medical information available for review, there is documentation of diagnoses of spinal stenosis and radiculopathy. In addition, given documentation of objective (decreased lumbar range of motion with pain, sciatic notch pain, decreased strength in the right tibialis anterior, extensor hallucis longus, and gastrocnemius muscles; decreased sensation to light touch at the L4-S1 dermatomes, and decreased plantar flexion and Achilles reflexes bilaterally), there is documentation of objective signs of neural compromise. Furthermore, given documentation of imaging findings (MRI of the lumbar spine identifying that at L4-L5 there is severe left and mild right neural foraminal narrowing, and moderate spinal canal stenosis measuring 8mm in AP dimension; and at L4-L5 there is a moderate spinal canal stenosis measuring 8 mm in AP dimension, and there is bilateral facet joint hypertrophy with ligamentum flavum redundancy), there is documentation of abnormalities on imaging studies (radiculopathy). Lastly, there is documentation of failure of conservative treatment (medications). However, despite nonspecific documentation of subjective (low back pain radiating down to the leg with numbness and tingling) findings, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy). In addition, given no documentation of failure of additional conservative treatments (activity limitation and physical modalities), there is no documentation of activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Therefore, based on guidelines and a review of the evidence, the request for 1 posterior lumbar laminectomy at L4-S1 is not medically necessary.

1 Foraminotomy at L4-S1: Upheld

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

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, as criteria necessary to support the medical necessity of laminotomy. Within the medical information available for review, there is documentation of diagnoses of spinal stenosis and radiculopathy. In addition, given documentation of objective (decreased lumbar range of motion with pain, sciatic notch pain, decreased strength in the right tibialis anterior, extensor hallucis longus, and gastrocnemius muscles; decreased sensation to light touch at the L4-S1 dermatomes, and decreased plantar flexion and Achilles reflexes bilaterally), there is documentation of objective signs of neural compromise. Furthermore, given documentation of imaging findings (MRI of the lumbar spine identifying that at L4-L5 there is severe left and mild right neural foraminal narrowing, and moderate spinal canal stenosis measuring 8mm in AP dimension; and at L4-L5 there is a moderate spinal canal stenosis measuring 8 mm in AP dimension, and there is bilateral facet joint hypertrophy with ligamentum flavum redundancy), there is documentation of abnormalities on imaging studies (radiculopathy). Lastly, there is documentation of failure of conservative treatment (medications). However, despite nonspecific documentation of subjective (low back pain radiating down to the leg with numbness and tingling) findings, there is no documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy). In addition, given no documentation of failure of additional conservative treatments (activity limitation and physical modalities), there is no documentation of activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Therefore, based on guidelines and a review of the evidence, the request for 1 Foraminotomy at L4-S1 is not medically necessary.