

Case Number:	CM14-0203173		
Date Assigned:	12/15/2014	Date of Injury:	03/18/2009
Decision Date:	02/17/2015	UR Denial Date:	11/25/2014
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 Sport Medicine, 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:

The injured worker is a 61-year-old male who reported injuries due to a motor vehicle accident on 03/18/2009. On 12/12/2013, his diagnostic assessment included lumbar radiculopathy and spondylotic spinal stenosis at L4-5. He was noted to have back and radiating leg pain. He was noted to have an antalgic gait with a short stance phase on the right and ankle dorsiflexor weakness, which were reportedly consistent with an MRI demonstrating degenerative spinal stenosis at L4-5, noted to be severe and consistent with his radiating symptoms and sciatica. The recommendation was for lumbar laminectomy and microdiscectomy at L4-5. There was no rationale or Request for Authorization included in this injured worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy of L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request for lumbar laminectomy of L4-L5 is not medically necessary. The California ACOEM Guidelines note that within the first 3 months after onset of acute low

back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy and obviously due to a herniated disc is detected. Herniated discs may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. Referral for surgical consultation is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs neural compromise, activity limitations due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms, clear clinical imaging and electrophysiological 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 to resolve disabling radicular symptoms. There was no documentation submitted of activity limitations due to radiating leg pain, failure of conservative treatment including physical therapy, muscle relaxants, antidepressant and/or anticonvulsant medications. There were no electrophysiological or imaging reports submitted for review. Additionally, the request did not specify whether the proposed surgery was to be unilateral or bilateral. The clinical information submitted for review fails to meet the evidence based guidelines for the requested surgery. Therefore, the request for lumbar laminectomy of L4-L5 is not medically necessary.

Pre-Operative medical clearance: 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.

Post-op physical therapy; 16 sessions: 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.

Lumbosacral orthosis for post op use: 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.