

Case Number:	CM14-0206473		
Date Assigned:	12/18/2014	Date of Injury:	02/04/2009
Decision Date:	02/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 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 54-year-old male who reported an injury on 02/04/2009. The mechanism of injury was not stated. The current diagnoses include herniated nucleus pulposus, disc height collapse and stenosis at L5-S1, spondylolisthesis at L5-S1, left sided foraminal stenosis at L5-S1, status post ACDF on 03/03/2010, status post fusion at C3-6 with right upper extremity radiculopathy, and protrusion with radiculopathy in the left lower extremity. The injured worker presented on 11/21/2014 with complaints of persistent lower back pain rated 7/10. The injured worker also reported radiating symptoms in the left lower extremity. Upon physical examination, there was positive sciatic notch tenderness on the left side, positive straight leg raise on the left, positive bowstring test, and profound weakness of foot eversion on the left side. There were absent Achilles reflexes on the left. Treatment recommendations included a lumbar spine interlaminar laminotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Laminotomy at L5-S1 of the Right Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state a discectomy/laminectomy may be indicated when there is evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy, or the completion of a psychological screening. According to the documentation provided, there was no mention of an exhaustion of conservative treatment to include epidural steroid injection. There were no imaging studies provided for review. Therefore, the current request cannot be determined as medically appropriate at this time.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medical Practice Standard of care

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure has not been authorized, the current request is also not medically necessary.

Associated Surgical Service: Pre-Op Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure has not been authorized, the current request is also not medically necessary.

Associated Surgical Service: Home Care Post-Op Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Home Health.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure has not been authorized, the current request is also not medically necessary.

Associated Surgical Service: Post-Op Physical Therapy for the Lumbar Spine (3 times a week for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure has not been authorized, the current request is also not medically necessary.

Associated Surgical Service: Off Shelf Lumbar Brace: 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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure has not been authorized, the current request is also not medically necessary.

Associated Surgical Service: Front Wheeled Walker: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Medicare National Coverage Determinations Manual

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the surgical procedure has not been authorized, the current request is also not medically necessary.