

Case Number:	CM14-0206855		
Date Assigned:	12/18/2014	Date of Injury:	03/26/1997
Decision Date:	02/09/2015	UR Denial Date:	11/26/2014
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, has a subspecialty in Orthopedic Spinal Surgery and is licensed to practice in New York. 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 sixty-five year old male who sustained a work-related injury on March 26, 1997. A request for an L2-L5 Laminectomy with 3-day inpatient status, an assistant surgeon and a post-operative lumbar corset was non-certified by Utilization Review (UR) on November 26, 2014. The Diagnosis associated with the request was spinal stenosis of the lumbar region without neurogenic claudication. The UR physician utilized the California (CA) MTUS ACOEM Practice Guidelines in the determination. The UR physician noted that the CA MTUS supports the use of laminectomy as an option for the management of chronic spinal stenosis that has been intractable to conservative modalities. A review of the documentation submitted for IMR did not provided evidence of conservative modalities other than over-the-counter oral medications used for the previous four years and an epidural steroid injection in 2009. In addition, the UR physician noted limited neurological findings on examination which did not correlate with the multilevel nerve root impingement which was documented. A request for Independent Medical Review (IMR) was initiated on December 8, 2014. A review of the medical documentation submitted for IMR included an MRI of the lumbar spine done on August 25, 2014. The MRI report noted spinal stenosis of the L2-L5 vertebrae. Physician's evaluations of June 17, 2014 through October 20, 2014 revealed that the injured worker continued to have low back complaints. The physical examination during this evaluation period was consistent to include lumbar spine range of motion at 90 degrees hip flexion, extension of 20 degrees, lateral bending of 30 degrees bilaterally and a negative bilateral straight leg raise. Neurological examination of the lower extremities revealed weakness of the left anterior tibialis and sensation was intact. Diagnoses associated with the evaluation included L2-L5 Spinal Stenosis and lumbar spondylosis. An evaluation of September 8, 2014 noted that the injured worker had symptoms despite conservative measures, but the documentation did not include the specific measures

attempted. An evaluation of October 20, 2014 indicated the injured worker had low back pain with a greater degree of bilateral leg pain. The pain was worse with ambulation and physical exertion activities.

IMR ISSUES, DECISIONS AND RATIONALES

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

L2-5 Laminectomy: Upheld

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 rationale: This patient does not meet criteria for lumbar laminectomy surgery. Specifically there is no clear correlation between physical exam findings showing specific radiculopathy an MRI imaging study showing specific compression of multiple nerve roots. In addition there is no progressive neurologic deficit. There is no documentation of red flag indicators for spinal decompressive surgery such as fracture or tumor. Multiple level spinal decompressive surgery not medically necessary. Guidelines for spinal decompressive surgery not met. Therefore, the request is not medically necessary.

Associates surgical services: 3 day inpatient: Upheld

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 rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associates surgical services: Assistant surgeon: Upheld

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 rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associates surgical services: Lumbar corset: 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-Lumbar and Thoracic (Acute and Chronic)

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.