MAXIMUS Federal Services

Case Number:	CM14-0207170		
Date Assigned:	12/19/2014	Date of Injury:	02/27/2012
Decision Date:	02/13/2015	UR Denial Date:	12/02/2014
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 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:

The injured worker is a 59-year-old male who reported an injury due to heavy lifting on 02/27/2012. On 10/07/2014, his diagnostic impression included history of previous L3-4, L4-5 bilateral hemilaminectomy on 08/14/2003, history of previous open laminectomy, fusion L3-4, L4-5 on 02/25/2004, lumbar radiculopathy with L1-2 and L2-3 lumbar stenosis superimposed on degenerative joint disease and status post lumbar epidural steroid injection 05/16/2014. His complaints included low back and bilateral lower extremity pain. It was noted that the epidural injections he received gave him only transient relief. He had positive straight leg raising and femoral stretch tests on the left. His lumbar ranges of motion as measured in degrees were forward flexion 20 and extension 5 to 10 with associated pain. Lateral bending bilaterally was limited to 5 degrees. He did report significant pain relief with his medications, which included Voltaren 100 mg, Protonix 20 mg, Flexeril 7.5 mg, Ultram ER 150 mg and Neurontin 600 mg. There were no diagnostic studies included in the submitted documents. Rationale for the proposed surgery was because it was believed that he had significant objective disease in his back to warrant and justify operative intervention. A Request for Authorization dated 10/03/2014 was 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:

Pre-operative 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) Treatment Index, 11th Edition (web) 2013 Low Back Chapter

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.

Assistant Surgeon: 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) Treatment Index, 11th Edition (web), 2013, Low Back Chapter

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.

Lumbar Laminectomy or Laminotomy at the L2-L3, L3-L4 and L4-L5 Levels: Upheld

Claims Administrator 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) Treatment Index, 11th Edition (web), 2013, Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 305-307.

Decision rationale: The request for Lumbar Laminectomy or Laminotomy at the L2-L3, L3-L4 and L4-L5 Levels is not medically necessary. The California ACOEM Guidelines note that 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 of 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 electrophysiologic 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. Other than his medications and epidural steroid injections, there was no documentation of other modalities of conservative care including physical therapy, acupuncture and/or chiropractic. All surgical requests must be supported by some type of original diagnostic study. It cannot be an interpretation from the physician or a summarization within a submitted document. There were no original imaging or electrodiagnostic studies submitted for review. The clinical information submitted failed to meet the evidence based guidelines for the requested surgery. Therefore, this request for Lumbar Laminectomy or Laminotomy at the L2-L3, L3-L4 and L4-L5 Levels is not medically necessary.