MAXIMUS Federal Services

Case Number:	CM14-0209791		
Date Assigned:	12/22/2014	Date of Injury:	04/04/2012
Decision Date:	02/18/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: Georgia, South Carolina
Certification(s)/Specialty: Orthopedic Surgery

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 47-year-old female who reported injury on 04/04/2012. The mechanism of injury was not provided. The injured worker underwent a bilateral L5-S1 fusion on 12/03/2012 and an L5-S1 laminectomy and discectomy on 09/05/2013, as well as an exploration on 10/25/2013. Prior therapies included conservative management with physical therapy and medication. The injured worker was noted to undergo a CT scan of the lumbar spine on 05/28/2014, which revealed right and left pedicle screws at L5 and S1, and metal hardware was intact. There was a wide posterior laminectomy at L5-S1 and markers and fusion bone at the disc space of L5-S1. There was no central stenosis. An electromyography on 09/09/2014 revealed S1 radiculopathy. X-rays of the lumbar spine on 04/11/2014 revealed solid fusion and neural foramina. The documentation of 11/19/2014 revealed the injured worker had pain all the time and was unable to work. The injured worker indicated she felt no better than prior to surgery and would not have had surgery knowing the outcome. The injured worker could walk 50 feet without stopping. The injured worker's medications included a Medrol Dosepak, oxycodone 10/325 mg 1 3 times a day, Valium, Neurontin 900 mg 3 times a day, Soma 1 twice a day, and a stomach medication, the name was not provided, twice a day. The injured worker was noted to smoke 10 cigarettes per day. Her diagnosis included prior multiple lumbar surgeries. The discussion and treatment plan included, as the injured worker had good correlation between subjective complaints, objective findings, and radiologic imaging, and the injured worker had undergone conservative care, the injured worker would be a good surgical candidate including a let L5-S1 laminoforaminotomy and microdiscectomy with resection of bony hyperostosis, both

ventrally and dorsally. Additionally, the injured worker was to be referred to pain management and to a psychologist for treatment because of significant depression. The injured worker was to undergo repeat physical therapy to allow her to maximize strength and ability, and was to utilize an H-wave. A Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminoforaminotomy and microdiscectomy with resection of bony hyperostosis: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon electrodiagnostic studies. The current CT failed to provide documentation of a lesion. The physical examination failed to provide documentation of objective findings. There was documentation of a failure of conservative treatment. The request as submitted failed to indicate the level and laterality for the request. Given the above, the request for laminoforaminotomy and microdiscectomy with resection of bony hyperostosis is not medically necessary.