

Case Number:	CM14-0211013		
Date Assigned:	12/23/2014	Date of Injury:	08/09/2011
Decision Date:	02/13/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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 Spine 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 patient is a 47-year-old with a date of injury of August 9, 2011. The patient has chronic low back pain. MRI the lumbar spine from 2012 shows broad-based L3-4 disc protrusion with annular tear. There is mild canal stenosis. There is a broad-based disc bulge at L4-5. His previous laminectomy discectomy at L3-4. This previous L4-5 anterior fusion. Neurophysiologic testing from September 2014 shows right L5-S1 radiculopathy and left L5 radiculopathy. X-rays of the lumbar spine from November 2014 show solid fusion L3-L5. The patient continues to have chronic low back pain. At issue is whether L3-4 laminectomy is medically needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 Laminectomy: Upheld

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

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. There is no clear correlation between imaging studies showing specific compression of nerve roots and physical exam showing specific radiculopathy. In addition, there is no red flag indicators for

spinal decompressive surgery such as progressive neurologic deficit, fracture or tumor. Since there is no clear correlation between physical exam and imaging studies, lumbar decompressive surgery is not medically needed.

L4-5 Laminectomy: Upheld

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

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. There is no clear correlation between imaging studies showing specific compression of nerve roots and physical exam showing specific radiculopathy. In addition, there is no red flag indicators for spinal decompressive surgery such as progressive neurologic deficit, fracture or tumor. Since there is no clear correlation between physical exam and imaging studies, lumbar decompressive surgery is not medically needed.

Associated surgical service: Assistant surgeon: 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.