

Case Number:	CM15-0001753		
Date Assigned:	01/12/2015	Date of Injury:	04/24/1992
Decision Date:	03/13/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York

Certification(s)/Specialty: Neurological 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:

This 73 year old female sustained an industrial injury on 04/24/1992 when she leaned over to pull up the bottom door of her truck and felt severe pain like a poker going up and down her spine. She has reported severe back pain. Subsequently she had an anterior cervical discectomy and fusion on 06/10/1994. The diagnoses have included post laminectomy syndrome and lumbago. Treatment to date has included medications, Fentanyl patches, Durgesic and hydrocodone, physical therapy, injections, acupuncture, aqua therapy, and psychiatric evaluation on 3/14/2014. The psychiatrist did not advise surgery. Her PR2 of 08/18/2014 indicated she was requiring a Durgesic patch 50mcg every 48 hours. She got pain relief leaning forward on a shopping cart and had had temporary relief following the steroid injection. Her forward lumbar flexion was normal but she had severe buttock and lumbar discomfort with extension. Her motor strength was normal and straight leg raising was positive at 70degrees on the left and 80 on the right. PR2 on 11/13, 2014 noted no pain with coughing or sneezing, bending caused some pain, lifting was painful as well as standing 15 minutes and sitting for 30 minutes. She had sat an hour and forty minutes for the psychiatrist comfortably. Currently, the IW complains of low back pain 5-6/10 level on medication radiating down both legs with numbness and tingling in both feet. She was able to drive a car and walk satisfactorily. Sensory, motor and deep tendon reflexes were intact. She had tenderness at the lumbar spine along with positive straight leg raise. She also reported was some bladder incontinence. Prior utilization reviews denied requests for an anterior lumbar arthrodesis with allograft and laminectomy, facetectomy and foraminotomy on 01/9/2014. A posterior lumbar laminectomy with partial

facetectomy and far lateral interbody fusion with PEEK spacer was denied on 07/2014. On 12/26/2014 Utilization Review non-certified a laminectomy with insertion of COFLEX, inpatient stay and pre-operative exam, noting the MTUS ACOEM Guidelines and ODG Low Back.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4 L4-5 Laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, 2nd Edition, 2004, page 307 and ODG, Low Back

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter

Decision rationale: Previous IMR approved a lumbar laminectomy in this injured worker but denied a fusion per ODG and MTUS guidelines. The present IMR request links the lumbar decompressive laminectomy with the insertion of the interspinous decompression device Coflex which is not recommended. Interspinous decompressive devices have been associated with high reoperation rates and are still considered investigational because of absence of long term followup and failure to show obvious advantages over simple decompression. One study (Eur.Spine J. 2010 Feb 19(2), 283-289) found no difference in outcome in those patients with decompression and those with decompression and insertion of the Coflex device.

With insertion of Coflex: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low back chapter-Interspinous decompression

Decision rationale: Per the ODG guidelines insertion of the interspinous decompression device is not recommended. The Coflex device is one of the various interspinous decompression implants. Interspinous decompressive devices have been associated with high reoperation rates and are still considered investigational because of absence of long term followup and failure to show obvious advantages over simple decompression. One study (Eur.Spine J. 2010 Feb 19(2), 283-289) found no difference in outcome in those patients with decompression and those with decompression and insertion of the Coflex device.

Inpatient Hospital Stay (QTY - DAYS): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since lumbar laminectomy and insertion of Coflex device is not recommended then an inpatient hospital stay is not needed.

Decision rationale: Since lumbar laminectomy and insertion of Coflex device is not recommended then an inpatient hospital stay is not needed.

Pre-Op Exam: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since lumbar laminectomy and insertion of Coflex device is not recommended then pre-op exam is not needed.

Decision rationale: Since lumbar laminectomy and insertion of Coflex device is not recommended then pre-op exam is not needed.