

Case Number:	CM15-0008616		
Date Assigned:	01/26/2015	Date of Injury:	01/04/2010
Decision Date:	03/27/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	01/15/2015

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: California
 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 (IW) is a 49 year old male, who sustained an industrial injury on 01/04/2010. He has reported persistent low back pain with pain in the legs and neck. The diagnoses have included lumbar spinal stenosis with radiculopathy and cervical stenosis. Treatment to date has included epidural steroid injections, imaging of the cervical and lumbar spine, physical therapy, a cervical fusion, a lumbar laminectomy and fusion, and a later removal of prior hardware with anterior cervical discectomy and fusion at C4-5 and C7-T1 and a posterior fusion . Among the findings of a MRI of 08/11/2014 there showed a cyst of the lower spinal canal measuring 5 cm in length and occupying a prominent portion of the lumbosacral canal representing a large meningocele .Other findings at that time were hardware from a previous fixation surgery L5-S1. There was also marked hypertrophy of the articular facets secondary to a previous laminectomy with a laminectomy defect at L5 . Currently, the IW complains of persistent severe mechanical back pain and leg radiculopathies. Epidural steroid injections were given and helped for a period of time. Later examination on 11/24/2014 revealed bilateral leg weakness and diminished sensation on the left at L5-S1. A new MRI (magnetic resonance imaging) of the lumbar spine showed prior instrumentation at L5-S1 level, marked discogenic changes at the L4-5 level , and significant disc herniation at L4-5 level causing marked compression of the left greater than right neural foramen at the L4-5 level . The attending physician recommended L4-5 lamino-foraminotomy and microdiscectomy as well as revision lamino-foraminotomy at L5-S1. The diagnosis was new disc herniations at L4-5 with marked foraminal stenosis left greater than right. A request was made for the recommended surgery , hospital stay, and post-op physical

therapy. On 12/15/2014 Utilization Review non-certified a L4-5 Laminar Foraminotomy and Microdiscectomy Bilaterally as well as a revision laminar foraminotomy at the bilateral L5-S1 levels for nerve decompression, noting the computed tomography (CT) and MRI do not clearly reveal nerve root compression at L4-5 or L5-S1. Also the presence of a large lumbar meningocele has not been addressed. The MTUS, ACOEM Guidelines, Chapter 12 Low Back Complaints was cited. On 12/15/2014 Utilization Review non-certified an Inpatient stay for 2 days at [REDACTED] Hospital noting the surgical request was non-certified so the related request is not medically necessary. The MTUS, ACOEM Guidelines, Chapter 12 Low Back Complaints was cited. On 12/15/2014 Utilization Review non-certified Physical Therapy for the lumbar spine noting the surgical request was non-certified so the related request is not medically necessary. The MTUS, ACOEM Guidelines, Chapter 12 Low Back Complaints was cited. On 01/15/2015, the injured worker submitted an application for IMR for review of the non-certified items.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Laminar Foraminotomy and Microdiscectomy Bilaterally as well as a revision laminar foraminotomy at the bilateral L5-S1 levels for nerve decompression: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Discectomy/Laminectomy

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the most recent MRI demonstrates significant compression at the L4 and L5 level consistent with the claimant's radiculopathy. Therefore the guideline criteria have been met and determination is for certification.

Inpatient stay for 2 days at [REDACTED] Hospital: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low back section, Hospital length of stay, laminectomy

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar laminotomy. According to the ODG, Low back section, Hospital length of stay, a 2 day inpatient stay is median length of time with 1 day as best practice. As a request is for 2 days the determination is for certification as medically necessary and appropriate.

Physical Therapy for the lumbar spine: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: Per the CA MTUS/Post Surgical Treatment Guidelines, pages 25-26 recommend the following: Intervertebral disc disorders without myelopathy (ICD9 722.1; 722.2; 722.5; 722.6; 722.8): Postsurgical treatment (discectomy/laminectomy): 16 visits over 8 weeks. *Postsurgical physical medicine treatment period: 6 months. In this case the claimant there is insufficient evidence as to how many postoperative therapy visits have been completed. There is lack of demonstration of the number of physical therapy visits requested. Therefore the determination is for non-certification.