MAXIMUS Federal Services

Case Number:	CM15-0137757		
Date Assigned:	07/28/2015	Date of Injury:	01/09/2013
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/16/2015

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: Illinois, California, Texas
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:

This injured worker is a 63-year-old male who sustained an industrial injury on 1/9/13. The mechanism of injury was not documented. Records documented the lumbar spine MRI showed L1-S1 multilevel stenosis and degenerative disc disease. The 3/11/15 treating physician report cited complaints of frequent to constant grade 5/10 neck pain radiating to the lumbar spine, constant grade 6/10 low back pain and stiffness, and constant moderate grade 7/10 right wrist pain. Lumbar spine pain was aggravated with prolonged sitting, standing and walking. Neck and wrist pain was aggravated by repetitive motions. Pain relief was noted with medications and rest. Lumbar spine exam documented mild loss of range of motion with pain, tenderness to palpation over the bilateral gluteus, positive Kemp's, and straight leg raise caused pain on the left. The diagnosis included lumbar disc protrusion, facet hypertrophy, impingement syndrome, and stenosis. The injured worker was status post right wrist fracture. The treatment plan recommended medications, pain management evaluation for the low back, neurosurgical evaluation for the cervical spine, and orthopedic evaluation for the right wrist. An MRI of the lumbar spine dated 1/26/15 was reviewed but no findings were documented. The 6/29/15 treating physician report cited grade 4/10 pain with medications. He was requesting refill of Naproxen and Prilosec but did not want any more Norco. Physical exam documented vital signs, left cervical region tenderness, and right hand/wrist dorsal tenderness. There was no neurologic exam or lumbar spine exam findings documented. The injured worker was off work. Authorization was requested for lumbar laminectomy and post-operative physical therapy (unspecified frequency/duration). The 7/2/15 utilization review non-certified the request for lumbar

laminectomy and associated post-operative physical therapy as there were no current subjective complaints or objective findings evidencing a neurologic deficit, and no imaging evidence of a neurocompressive lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar & Thoracic (Acute & Chronic), (online version), Dartmouth Spine Patient Outcomes research Trial (SPORT, n=1244) and Blue Cross/Blue Shield Medical Policy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar & Thoracic: Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have not been met. The available records indicated that the injured worker had low back pain and stiffness. There was no description of severe or disability lower extremity symptoms or clinical exam findings of neural compromise. Imaging findings were reported in the records showing L1-S1 multilevel degenerative disc disease and stenosis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the lumbar spine and failure has not been submitted. This request for lumbar laminectomy does not include the intended surgical level and the records do not indicate a focal neurologic deficit at any specific level. Therefore, this request is not medically necessary at this time.

Post operative physical therapy (unspecified duration & frequency): 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.