

Case Number:	CM15-0183014		
Date Assigned:	09/23/2015	Date of Injury:	07/08/2008
Decision Date:	11/03/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/17/2015

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, Montana

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:

The injured worker is a 66 year old male who sustained an industrial injury on 07-08-2008. According to a progress report dated 07-22-2015, the injured worker reported bilateral lower back tightness pain and sciatic pain down his right leg past the knee to the foot. He was wearing a sock for his right foot numbness. There was some numbness and tingling there. Pain was rated 6 on a scale of 1-10. He had 3 epidural steroid injections which helped for a few months. He had tried acupuncture, which did not help, and chiropractic care. Physical therapy was helpful. A repeat lumbar epidural steroid injection was denied. He was on light duty because of the left shoulder and knees. He had been released to full duty with respect to his back. He was taking some pain medications. His left shoulder was improving. Pain was aggravated by standing and walking. Gait was normal. There was no significant spine deformity. Overall, coronal and sagittal alignment was within normal limits. Motor exam of the lower extremities showed 5 out of 5 in the left and right iliopsoas, quad, tibialis anterior, left EHL and left gastroc and 4 out of 5 in the right EHL and right gastroc. Sensation was grossly intact to light touch L2-S1 distribution. Deep tendon reflexes were equal and normal bilaterally. Negative bilateral clonus was noted. Straight leg raise bilaterally was negative. Hip range of motion was non-irritable. FABER test was negative bilaterally. Two plus PT pulses were noted. The provider reviewed MRI images from 10-22-2014, which showed mild L4-5 and L5-S1 disc protrusion. "This results in mild bilateral L4-5 lateral recess narrowing". Otherwise, there was no significant central stenosis. There was some facet arthropathy at L5-S1 and no pars defects. Impression included lumbar degenerative disc disease and right sciatica right L5 distribution. Diagnoses included spinal stenosis of lumbar region with neurogenic claudication, lumbar sprain and degeneration

of lumbar or lumbosacral intervertebral disc. The provider noted that the injured worker demonstrated mechanical axial low back pain. There were no focal neurological deficits or red flag symptoms. The provider's opinion was that "there is no spine surgery that will reliably address his back pain". He did not have any spinal instability and only mild degenerative disc changes. Spinal fusion was not recommended. The injured worker was interested in a surgical solution. The risks and benefits of a right L4-5 laminectomy were discussed. The injured worker wished to proceed. The provider noted that pre-op medical clearance would be required. On 08-25-2015, Utilization Review non-certified the request for lumbar laminectomy at right L4-5, pre-operative medical clearance, pre-operative EKG, pre-op labs to included chem 7, complete blood cell count, PT, INR and PTT .

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy at right L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines recommend lumbar surgery if there are severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies, which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The requested treatment: Lumbar laminectomy at right L4-5 is not medically necessary and appropriate.

Pre-operative Medical Clearance: 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.

Pre-operative EKG (electrocardiogram): 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.

Pre-op-Labs: Chem 7: 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.

Pre-op-Labs: CBC (complete blood count): 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.

Pre-op-Labs: PT/INR/PTT: 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.