

Case Number:	CM15-0185710		
Date Assigned:	09/25/2015	Date of Injury:	12/18/1988
Decision Date:	11/03/2015	UR Denial Date:	09/05/2015
Priority:	Standard	Application Received:	09/21/2015

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: Minnesota, Florida
 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 is a 55-year-old male with a date of injury on 12-18-88. A review of the medical records indicates that the injured worker is undergoing treatment for chronic low back pain. Progress report dated 8-21-15 reports continued complaints of low back pain since the early 1980s. He states the back pain continues to wax and wane with occasional spasm in his right thigh. He has numbness and tingling to the right toes and calf. Treatments have included lumbar laminectomy in 2001, medications, physical therapy and chiropractic treatments. He reports short-term relief with treatments. MRI of lumbar spine performed on 7-31-15 reveals degenerative changes with multiple levels of moderate to severe stenosis at L1-L2, L2-L3 and L4-L5. Request for authorization dated 8-27-15 was made for L1 to L5 laminectomy. Utilization review dated 9-5-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L1 to L5 lumbar laminectomy: 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 injured worker has evidence of spinal stenosis at multiple levels. However, he is able to play golf has no neurogenic claudication in the lower extremities and no neurologic deficit. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. In this case, the guideline criteria have not been met. As such, the request for surgery is not supported and the medical necessity of the request has not been substantiated. This request is not medically necessary.