

Case Number:	CM15-0216189		
Date Assigned:	11/05/2015	Date of Injury:	08/15/2009
Decision Date:	12/18/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	11/03/2015

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: Montana, Oregon, Idaho
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 is a 52 year old male, who sustained an industrial injury on 8-15-09. The injured worker is diagnosed with lumbar spinal stenosis with neurogenic claudication. His work status is temporary total disability. A note dated 9-19-15 reveals the injured worker presented with complaints of low back and bilateral leg pain with neurological pain. He reports he is unable to walk greater than one block without rest due to leg pain. Physical examinations dated 5-2-15 and 9-19-15 revealed 2+ lumbar paraspinous muscle spasm and tenderness to palpation. The straight leg raise is negative, bilaterally. Treatment to date has included lumbar injections, physical therapy and cane for stability. Diagnostic studies include a lumbar spine MRI, which revealed disc protrusions and annular tears at L1-L2, L2-L3, L3-L4, L4-L5 and L5-S1 and lumbosacral spine x-rays reveals spondylitic change and vascular calcifications. A request for authorization dated 9-19-15 for lumbar laminectomy at L4-L5 with coflex device and cardiology clearance is denied, per Utilization Review letter dated 10-12-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy At L4-L5 With Coflex Device: Upheld

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

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

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 there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. There are no objective findings of radiculopathy or neurologic dysfunction in a dermatomal or myotomal distribution in the submitted documentation. In the setting of spinal stenosis there should be documented findings consistent with neurogenic claudication. Therefore, the guideline criteria have not been met and the request is not medically necessary.

Cardiology 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: The requested medical procedure is not medically necessary and therefore the associated surgical services are not medically necessary.