

Case Number:	CM15-0216688		
Date Assigned:	11/06/2015	Date of Injury:	06/23/2014
Decision Date:	12/18/2015	UR Denial Date:	10/26/2015
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: New York, Montana, California
 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 59 year old male who sustained an industrial injury June 23, 2014. Past treatment included medication, a failed trial of a TENS (transcutaneous electrical nerve stimulation) unit and acupuncture with no significant reduction in pain, activity modification, and epidural injection. Diagnoses are L4-5 and L5-6 stenosis; L5-6 grade I spondylolisthesis; bilateral lumbar radiculopathy. According to a primary treating orthopedic physician's report dated October 6, 2015, the injured worker presented for follow-up with complaints of ongoing back pain radiating into the left buttocks and down the anterior and posterior thighs, through the shins and calves into the dorsal and plantar aspect of the feet. Current medication included ibuprofen, Lovastatin, and Metoprolol. The physician documented an MRI dated February 2014 showing stenosis L2-3, L3-4, and L4-5. Physical examination included: lumbar spine and lower extremities- normal gait and heel-toe swing through gait, with no evidence of a limp or weakness heel-to walk; sensory intact in the bilateral lower extremities to light touch and pinprick and no palpable tenderness present; straight leg raise is negative at 90 degrees, bilaterally. Treatment plan included a trial of H-wave and continued Motrin. At issue, is a request for authorization dated October 6, 2015, for bilateral L2-5 laminotomies and foraminotomies, pre-operative medical clearance, chest x-ray, one day in-patient stay, and post-operative lumbar LSO (lumbar sacral orthosis) brace. According to utilization review dated October 26, 2015, the requests for bilateral L2-5 laminotomies and foraminotomies and associated services were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L2-5 Laminotomies and Foraminotomies: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Laminectomy/laminotomy.

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

Decision rationale: The California MTUS guidelines recommend lumbar surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Bilateral L2-5 Laminotomies and Foraminotomies 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 chest x-ray: 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.

Post-operative lumbar LSO brace: 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.

Associated surgical service: in-patient hospital stay, one day: 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.