

Case Number:	CM15-0030170		
Date Assigned:	02/23/2015	Date of Injury:	01/21/2010
Decision Date:	04/24/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/18/2015

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: 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:

The injured worker is a 66-year-old female who reported injury on 01/21/2010. The diagnoses included lumbar spinal stenosis. The mechanism of injury was the injured worker tripped and fell when her foot got caught in an electrical cord by a desk. The injured worker underwent an MRI of the lumbar spine on 08/20/2014, which revealed L3-S1 spinal and lateral recess stenosis. The injured worker received an epidural steroid injection. The documentation of 12/01/2014 revealed the injured worker's pain since that time was noted to be worse, as was the bilateral lower extremity pain. The left greater than right pain had progressed and gotten worse. The injured worker had paresthesias in the bilateral lower extremities and weakness of the bilateral lower extremities. The injured worker received an epidural steroid injection in 11/2014 at the level of L3-4, which provided 30% relief. The injured worker's pain was made worse by sitting and lying down. The medications included morphine sulfate 15 mg daily. The physical examination revealed range of motion that was approximately 50% in flexion and extension due to increased pain. The injured worker had tenderness to palpation at L3-sacrum, and the paravertebral musculature. There was mild sciatic notch tenderness. There was no greater trochanter tenderness bilaterally. Strength was diminished primarily in the hamstrings, and to a lesser degree, the quadriceps bilaterally. The x-rays revealed degenerative disc disease at L3-S1; and to a lesser degrees; L2-3 and L1-2. The injured worker underwent an MRI on 08/20/2014, which revealed spinal stenosis at L2-5. The diagnosis included multilevel lumbar spinal stenosis, DDD lumbar, and low back pain. The treatment plan and discussion included the injured worker had failed conservative therapy, including injections and physical therapy, and was a candidate for decompression surgery, including a bilateral laminectomy at L2-5 and possibly L1-2, which appeared stenotic. There was a Request for Authorization submitted for review dated 01/13/2015. The injured worker underwent x-rays, which revealed degenerative

disc disease at L3-S1, and to a lesser degree, L1-3. However, there was a lack of documentation indicating the injured worker had spinal stenosis or instability upon radiologic examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Laminectomy L1-2, L2-3, L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. Additionally, there is no good evidence from controlled trials that spinal fusion alone is effective for treating any type of acute low back problem, in the absence of spinal fracture, dislocation, or spondylolisthesis if there is instability and motion in the segment operated on. Clinicians should consider referral for psychological screening to improve surgical outcomes. There would be no necessity for electrophysiologic evidence for a laminectomy. The injured worker had clinical findings and had documentation of a failure of conservative care. The official MRI was not provided for review and the x-rays failed to provide that the injured worker had instability on flexion and extension and that the degree of spinal stenosis was not provided. There was a lack of documentation of a psychological screening. Given the above, the request for bilateral laminectomy L1-2, L2-3, L3-4, L4-5 is not medically necessary.

Associated surgical service: One (1) night hospital stay: 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 Testing: 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: Electrocardiogram (EKG): 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: 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.

Associated surgical service: Labwork/Urinalysis (UA): 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.