

Case Number:	CM15-0039759		
Date Assigned:	03/10/2015	Date of Injury:	10/08/2002
Decision Date:	04/23/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/02/2015

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:

The injured worker is a 70 year old female, who sustained an industrial injury on October 8, 2002. The injured worker was diagnosed as having lumbar disc degeneration. Treatment to date has included MRI, lumbar epidural steroid injections, and anticonvulsant medication. On June 3, 2014, a MRI was performed. On January 30, 2015, she underwent a lumbar myelogram and post-myelogram CT scan. Electrodiagnostic studies were pending. On January 8, 2015, the injured worker complains of worsened bilateral leg pain radiating from the buttocks down to the posterolateral aspects of the legs. She reported insignificant relief of pain from her second lumbar epidural steroid injection from November 14, 2014. On February 10, 2015, the injured worker complains of back and bilateral radicular leg pain, which is unchanged since the prior visit. The physician discussed surgical treatment options with her. The treatment plan includes a bilateral limited lumbar decompression at L3-L4 and multilevel foraminotomies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral limited lumbar decompression L3-L4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305, 306, and 307.

Decision rationale: Among the diagnostic studies that have been submitted, an MRI scan of the lumbar spine dated 6/3/2014 revealed multilevel spondylosis of the lumbar spine and canal stenosis most severe (moderate) at the L3-L4 level. Neural foraminal stenosis was moderate to severe bilaterally at L4-5 and L5-S1 and on the left at L3-4. Grade 1 spondylolisthesis and 9 mm of left lateral offset of L4 on L5. Annular tears at L4-L5 and L5-S1 levels were noted which can be intrinsic pain generators. A CT scan of the lumbar spine dated January 30, 2015 revealed a significant amount of stenosis at L3-4 level secondary to a fair amount of disc bulging and some hyperplasia of ligamentum flavum. This was also true at L4-5 but to a lesser extent. A myelogram of the lumbar spine performed on the same date was reported to show areas of stenosis at both the L3-4 and L4-5 levels. This appeared to be most marked at L3-4. On February 1, 2015 the provider stated that in view of persistence of pain in a radicular fashion and the confirmation of stenosis at L3-4 operative intervention in the form of bilateral limited lumbar decompression at L3 and L4 with microsurgical technique and multilevel foraminotomies is appropriate. Electrodiagnostic studies were scheduled for March 12, 2015. These have not been submitted. The available documentation does not include a recent physical examination with regard to any findings of radiculopathy or peripheral neuropathy. A detailed neurological examination has not been submitted. California MTUS guidelines indicate surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provides faster relief from the acute attack than conservative management. Patients with comorbid conditions such as cardiac or respiratory disease, diabetes, or mental illness may be poor candidates for surgery. Comorbidities should be weighed and discussed carefully with the patient. For older patients and repeat procedures the rate of complications is dramatically higher. Elderly patients with spinal stenosis who tolerate their daily activities do not require surgery unless bowel or bladder dysfunction develops. Surgical consideration is indicated for patients who have 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. The documentation provided does not include a physical examination demonstrating clinical evidence of radiculopathy. Electrophysiologic evidence has also not been provided. As such, the guidelines criteria have been partially met and the medical necessity of the bilateral limited lumbar decompression at L3-4 cannot be determined.

Associated Surgical Services: 2 day Inpatient stay: 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), Low Back Chapter regarding Length of Stay.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305, 306, and 307.

Decision rationale: The requested surgery is not medically necessary. Therefore the 2 day inpatient stay is also not medically necessary.

Associated Surgical Services: Assistant Surgeon: 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), Surgical Assistant.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s305, 306, and 307.

Decision rationale: The requested surgery is not medically necessary. Therefore the request for associated services is also not medically necessary.

Associated Surgical Services: Pre-op clearance with CBC, CMP: 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), Low Back, Preoperative lab testing.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305, 306, and 307.

Decision rationale: The requested surgery is not medically necessary. Therefore, the associated services are also not medically necessary.