MAXIMUS Federal Services

Case Number:	CM15-0053208		
Date Assigned:	03/26/2015	Date of Injury:	08/02/2012
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 64-year-old male who reported an injury on 08/02/2012. The mechanism of injury was not provided. Prior therapies and surgical procedures included a cervical laminectomy at C7-T1 on 12/17/2013. The injured worker underwent a left L5-S1 transforaminal epidural steroid injection on 08/26/2014. The injured worker underwent an MRI of the lumbar spine with and without load bearing on 08/23/2013, which revealed at the level of L4-5 there was a severe disc herniation. This was noted to cause severe stenosis of the spinal canal. There was associated stenosis of the bilateral lateral recess with deformity of the bilateral L5 transiting nerve roots. There was hypertrophy of the facet joints and ligamentum flavum. The disc material caused stenosis of the bilateral neural foramen that deviate the bilateral L4 exiting nerve roots. The disc measurements pre-axial loading were 5.3 mm, and postaxial loading was 6.6 mm. At the level of L3-4, there was moderate diffuse disc herniation. This caused moderate stenosis of the spinal canal. There was associated stenosis of the bilateral lateral recess with deviation of the bilateral L4 transiting nerve roots. There was hypertrophy of the facet joint and ligamentum flavum. The disc material caused stenosis of the bilateral neural foramen that deviate the bilateral L3 exiting nerve roots. The disc measurements pre-axial loading were 5.3 mm, and postaxial loading were 5.3 mm respectively. The documentation of 02/04/2015 revealed the injured worker had numbness and pain in the low back radiating to the bilateral lower extremities. The examination of the lumbar spine revealed limited range of motion. The straight leg raise was negative. The neurologic examination was intact with regard to motor strength, sensation, and deep tendon reflexes. The diagnoses included lumbar spondylosis and L3-5 stenosis. Additional

diagnosis included C7-T1 posterior spinal fusion and laminectomy 12/17/2013. The documentation indicated the injured worker had continued low back and leg symptoms secondary to stenosis at L3-5 for which a laminectomy was pending. The injured worker would follow-up with pain management. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 Laminectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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. Electrodiagnostic studies would not be necessary. The clinical documentation submitted for review failed to provide an exhaustion of conservative care. The injured worker had imaging evidence to support a laminectomy at the level of L4-5 and at the level of L3-4. Given the above and the lack of documentation of instability upon MRI at the level of L3-4, the request for an L3-L5 laminectomy is not medically necessary.

Associated Surgical Services: 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.

Associated Surgical Services: Surgical Assistant: 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 Services: Facility - Outpatient: 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.