

Case Number:	CM15-0057555		
Date Assigned:	04/02/2015	Date of Injury:	10/08/2002
Decision Date:	05/22/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/26/2015

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 70 year old female, who sustained an industrial injury on 10/08/2002. The mechanism of injury was not provided. The documentation indicated the injured worker had significant stenosis per the CT of 01/30/2015 at the level of L3-4 and L4-5 with the greatest level being at L3-4. The injured worker underwent an MRI of the lumbar spine on 06/03/2014 per the documentation which indicated there was a diffuse disc bulge with mild/moderate bilateral facet arthropathy. There was ligamentum flavum buckling complicating other findings resulting in moderate central canal stenosis. There was neural foraminal stenosis that was moderate on the right and severe on the left. The electrodiagnostic studies dated 03/04/2015 per the documentation indicated the injured worker had bilateral S1 radiculopathies. The documentation of 03/11/2015 revealed the injured worker had signs and symptoms of lumbar stenosis with radiculopathy, bilateral leg pain, constant back pain, and an inability to sleep at night. The request was made for a limited lumbar decompression at L3-4, which had been denied. The documentation of 02/10/2015 revealed the injured worker had stenosis at L3-4 and was in need of a bilateral limited lumbar decompression at L3-4 with microsurgical technique and multilevel foraminotomies. Treatment to date has included medications, chiropractic care, epidural steroid blocks, electrodiagnostic testing and a computed tomography scan. Diagnoses include lumbar degenerative disc disease, lumbar disc displacement, lumbar foraminal stenosis, lumbar spondylolisthesis, lumbar spondylosis, lumbar stenosis and anxiety. According to the provider, the injured worker has signs and symptoms of lumbar stenosis with radiculopathy, bilateral leg

pain, constant back pain and inability to sleep at night. Treatment plan included bilateral limited lumbar decompression L3-L4 and associated surgical services.

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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 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. The clinical documentation submitted for review failed to provide documentation of electrophysiologic evidence of a lesion at the level of L3-4. Additionally, there was a lack of documentation of objective findings upon physical examination to support myotomal and dermatomal findings at the requested level. Given the above, the request for bilateral limited lumbar decompression L3-L4 is not medically necessary.

Pre op CBC, CMP, EKG, CXR, PT, PTT: 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: Assistant surgeon: 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: 2 day inpatient 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.