

Case Number:	CM14-0115887		
Date Assigned:	09/16/2014	Date of Injury:	03/20/2012
Decision Date:	11/19/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 54-year-old female who reported an injury on 03/20/2012. The mechanism of injury was not provided. Prior treatments included lumbar facet injections and physical therapy. The prior studies included a MRI of the lumbar spine that was undated which revealed Modic changes with degeneration and kyphosis at L2-3 and L3-4 with some irregularity on the right at L4-5 facet joint with potentially an annular tear and the disc revealing no stenosis. The documentation of 06/06/2014 revealed the injured worker underwent a facet rhizotomy and had excellent relief. The symptoms had returned. The physician documented he had gone over the injured worker's x-rays and MRI that revealed lateral recess stenosis and facet arthropathy at L4-5. The recommendation was for a bilateral hemilaminotomy, decompression of the lateral recess at L4-5 and insertion of Coflex to unload the facet joints, restabilization of the L4-5 and allow for decompression at the same time. The injured worker underwent a CT of the lumbar spine on 07/22/2014 which revealed, at the level of L4-5, there was a dorsal and posterolateral disc bulge up to 3 to 4 mm effacing the thecal sac extending to the subarticular recess and inferior foramen bilaterally. There was mild spinal stenosis and foraminal narrowing bilaterally in part secondary to spondylolisthesis. There was mild right and, to a lesser extent, left sided facet hypertrophic changes seen. The spondylolisthesis was noted to be grade I. The injured worker underwent a bone scan on 07/22/2014 which revealed some increased uptake in the lumbar and cervical spine. At L4-5, there was increased activity in the bilateral facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Hemilaminotomy, decompression of lateral recess @ L4-L5, and insertion of Corflex device which will unload the facet joints, restabilize L4-L5, and allow for decompression at the same time.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

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. The documentation indicated the injured worker underwent imaging to support the necessity for surgical intervention; however, the official MRI was not provided for review. The clinical documentation submitted for review failed to provide documentation of objective findings. There was a lack of documentation of electrophysiologic evidence as well as a failure of conservative care. Given the above, the request for Bilateral Hemilaminotomy, decompression of lateral recess @ L4-L5, and insertion of Corflex device which will unload the facet joints, restabilize L4-L5, and allow for decompression at the same time is not medically necessary.