

Case Number:	CM14-0125796		
Date Assigned:	09/24/2014	Date of Injury:	08/09/2013
Decision Date:	10/24/2014	UR Denial Date:	07/29/2014
Priority:	Standard	Application Received:	08/08/2014

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 Spinal Surgery and is licensed to practice in New York. 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 patient is a 61-year-old male with a date of injury of August 9, 2013. He has chronic back pain. He's diagnosed with lumbar stenosis and degenerative disc condition. MRI from 2013 shows L4-5 disc bulge with severe central canal stenosis. There is moderate stenosis at L3-4 L4-5 and L5-S1. There is disc degeneration at L5-S1. The medical records do not document conservative measures tried. Physical examination reveals reduced range of lumbar motion. Straight leg raise was normal when sitting and worse when standing. Tension signs are negative. Reflexes are absent throughout the lower extremities. Sensation is not reported. At issue is whether surgical laminectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy L4-5 at Spine and [REDACTED]: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back pain chapter, ODG low back pain chapter

Decision rationale: The patient does not meet establish criteria for lumbar laminectomy at this time. Specifically there is no documentation of adequate conservative measures for degenerative lumbar spinal stenosis. There is also no clear correlation between MRI imaging study showing specific compression of nerve roots and physical examination showing active radiculopathy. Criteria for lumbar decompressive surgery not met this time. The request is not medically necessary.

Labs; Complete Blood Count , Comprehensive metabolic panel, Electrocardiogram, Chest Xray at [REDACTED]: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG) Low Back Chapter

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.