

Case Number:	CM14-0130746		
Date Assigned:	08/20/2014	Date of Injury:	04/22/2009
Decision Date:	09/22/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/15/2014

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 Surgery and is licensed to practice in California. 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:

This 56-year-old female food service worker sustained an industrial injury on 4/22/09. Injury occurred while the patient was lifting cases of chicken into a freezer. Past medical history was positive for obesity and diabetes. Past surgical history was positive for low back surgery in 2010 with residual right lower extremity nerve injury. The patient underwent posterior lumbar interbody fusion at L5/S1 in December 2011. The 1/31/14 spine surgeon report indicated the 1/21/14 CT myelogram showed a solid fusion at L5/S1 with no evidence of neurologic compression. There was mild stenosis at L4/5 with no significant neurologic compression. The 3/26/14 initial orthopedic report cited grade 5/10 low back pain occasionally radiating down both legs and occasional giving way of the right leg. There was right lower extremity numbness, previously diagnosed as nerve damage. Left leg pain was causing difficulty with walking. Lumbar spine exam documented normal gait, muscle spasms/guarding, marked loss of lumbar flexion, moderate loss of lumbar extension, diminished right lower extremity deep tendon reflexes, negative straight leg raise, and no focal motor or sensory deficits. The impression was noted as right L5/S1 root pathology and sensory neuropathy. The 4/21/14 lumbar MRI impression documented evidence of prior laminectomy and fusion with posterior fixation at L5/S1. There was an L4/5 disc bulge with facet changes creating moderate foraminal narrowing and moderate canal stenosis. The 6/30/14 treating physician report cited low back and bilateral leg pain with giving way. Physical exam documented forward flexion of 75 degrees. The patient was walking with a cane. The treatment plan requested authorization for a decompressive laminectomy without fusion for severe spinal stenosis at L4/5. The 8/5/14 utilization review denied the lumbar surgery and associated requests as guidelines criteria had not been met relative to clear objective evidence of radiculopathy and imaging findings of L4/5 neural compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive laminectomy without fusion for spinal stenosis at L4-5: 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): 202-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The Expert Reviewer based his/her decision on the MTUS ACOEM Practice Guidelines, Chapter 12 Low Back Complaints, page 202-208 and on the Non-MTUS Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy. The Expert Reviewer's decision rationale: The California MTUS guidelines recommend decompression surgery as an effective treatment for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. The Official Disability Guidelines provide specific indications for discectomy/laminectomy that require all of the following conservative treatments: "activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). Surgical criteria include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings." Guideline criteria includes evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have not been met. There is no clear clinical exam evidence of radiculopathy. The imaging reports documented mild to moderate stenosis at L4/5 with no evidence of nerve root compression. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Therefore, this request is not medically necessary.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. *Anesthesiology* 2012 Mar; 116(3):522-38.

Decision rationale: As the surgical request is not supported, this request is not medically necessary.

Hospital stay for two days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Hospital length of stay (LOS).

Decision rationale: As the surgical request is not supported, this request is not medically necessary.