

Case Number:	CM14-0097440		
Date Assigned:	07/28/2014	Date of Injury:	09/16/2011
Decision Date:	09/03/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/25/2014

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:

The injured worker is a 47 year old female who reported an injury to her low back. She stated that the initial injury occurred on 09/16/11 while providing patient care, lifting a resident to get out of bed. She reported a pulling in her back at the time and pain along with tingling in the right sacroiliac joint region of the low back. She also reported numbness and tingling in the right foot and toes. Periodic spasms were identified in the right lower back, buttocks, and sacroiliac joint region. The injured worker reported nerve related pain when having a bowel movement or being intimate. She rated her low back pain as 4-8/10 on the visual analog pain scale. The note indicates the injured worker having completed 12 physical therapy sessions to date and having undergone an epidural steroid injection which did provide temporary relief. A positive straight leg raise was identified at the right at 60 degrees. The MRI of the lumbar spine dated 03/24/14 revealed mild central canal stenosis at L4-5 secondary to hypertrophy at the ligamentum flavum. Mild constriction was identified at the thecal sac secondary to the hypertrophy. The clinical note dated 04/28/14 indicates the injured worker continuing with low back pain and one dated 05/19/14 indicates the injured worker being recommended for a lumbar decompressive laminectomy at the L4-5 level along with a 2 day inpatient stay as well as a preoperative admission history and physical (H&P). The utilization review dated 05/29/14 resulted in a denial as insufficient information had been submitted confirming the injured worker's correlating symptoms with the imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy L4-5 and lateral recess decompression L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/Laminectomy/Laminotomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The documentation indicates the injured worker complaining of low back pain. The submitted MRI revealed essentially mild findings at the L4-5 level. There is an indication that the injured worker has numbness and tingling in the right foot and toes. Given the MRI demonstrating findings consistent with mild encroachment on the thecal sac with no significant foraminal narrowing, this request is not indicated as medically necessary.

Inpatient stay for 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/Laminectomy/Laminotomy.

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 Chapter, Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Internist admission H&P: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape : Preoperative Testing-Author: Gyanendra K Sharma, MD,FACP, FACC, FASE Chief Editor: William A Schwer, MD<http://emedicine.medscape.com/article/285191>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) IME and Consultations, Page 503.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.