MAXIMUS Federal Services

Case Number:	CM14-0155186		
Date Assigned:	10/23/2014	Date of Injury:	10/21/2013
Decision Date:	05/11/2015	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	09/22/2014

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. 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: Oregon, California
Certification(s)/Specialty: Neurological 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 59-year-old male who reported injury on 10/21/2013. The mechanism of injury was stated to be a lifting injury. The diagnoses included lumbar stenosis. There was a Request for Authorization submitted for review dated 01/15/2015. The documentation of 12/08/2014 revealed the injured worker had 16 sessions of physical therapy. The injured worker's medications included Norco 10, up to 2 to 3 tablets per day; gabapentin 300mg 3 times a day; and Etodolac 500mg twice a day. The injured worker had significant pain in the left lower back, extending into the buttock with lumbar flexion, and had moderate restriction in extension. The injured worker was noted to have limited benefit after a left L3-4 transforaminal epidural steroid injection and L4-5 interlaminar epidural steroid injection. The electrodiagnostic studies were note to be supportive of a left lumbar radiculopathy, possibly in the L4-S1 pattern. The documentation further indicated the injured worker had MRI evidence of multilevel spondylosis with moderate bilateral foraminal narrowing at L3-4 and L4-5 bilaterally. The treatment plan included a refill of Norco 10 and a follow-up with a surgeon. The injured worker underwent electrodiagnostic studies on 11/20/2014, which revealed left lumbar radiculopathy, possibly in L4-S1 patterns. The MRI of the lumbar spine revealed at the level of L3-4, there was a broad based disc bulge, along with moderate facet hypertrophic changes. There was moderate left greater than right neural foraminal narrowing and mild narrowing of the central spinal canal. At L4-5, there was a broad based bulge, along with moderate facet hypertrophic changes and ligamentum flavum redundancy. This results in moderate to severe bilateral neural foraminal narrowing and moderate narrowing of the spinal canal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminoforaminotomy with X-Stop, left L3-4, L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307 and Table 12-8. Decision based on Non-MTUS Citation ACOEM guidelines, page 208 and 210-211 (2007 revision) and the Official Disability Guidelines, Indications for Surgery - Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Interspinous decompression device (X-Stopï¿½).

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 guidelines do not address the X-Stop procedure. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that the Interspinous decompression device (X-Stop) is not recommended over decompression surgery as the failure rate is much higher and costs more. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. There was a lack of documentation of flexion and extension studies to indicate instability. Given the above, the request is not medically necessary.

Associated Surgical Service: Surgical Assistant: 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: Outpatient Stay (23-hrs): 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: Internal Medical Pre-Operative Clearance by Internist: 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: Pre-Operative Labs (CBC, BMP, EKG, MRSA Nasal swabs): 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.