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| Case Number: | CM14-0213074 | | |
| Date Assigned: | 12/30/2014 | Date of Injury: | 09/06/1996 |
| Decision Date: | 02/19/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/19/2014 |

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: New York, New Hampshire, Washington
Certification(s)/Specialty: Orthopedic 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 patient has a date of injury of September 6, 1996. The patient has chronic low back pain. The patient has previous lumbar laminectomy surgery in 1995 and 1999. MRI lumbar spine from August 2014 shows degenerative disc condition at L2-3. At L3-4 there is a posterior 3 mm disc bulge. At L4-5 there is degenerative disc condition. At L5-S1 there is a 2 mm disc bulge. The patient is a 78-year-old with chronic back pain. On physical examination there is reduced range of motion in the lumbar spine. Gait is limited by pain. At issue is whether L2-L5 laminectomy decompressive surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: L2-L5 Laminectomy and Resection of Scar Tissue and Foraminotomy and Possible Disectomy w/3 day Inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: Criteria for lumbar laminectomy surgery not met. Specifically there is no clear correlation between imaging studies showing specific compression of nerve roots and physical examination documenting specific radiculopathy. More conservative measures and necessary for the treatment of degenerative low back pain. The patient has no red flag indicators for spinal decompressive surgery such as fracture tumor or progressive neurologic deficit. Additional conservative measures are medically necessary to include a recent trial of physical therapy. Surgical decompression is not medically necessary.