

Case Number:	CM14-0213081		
Date Assigned:	12/30/2014	Date of Injury:	07/26/2004
Decision Date:	02/27/2015	UR Denial Date:	12/02/2014
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: Texas
 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 injured worker is a 61-year-old male who reported an injury on 07/26/2004. The diagnosis included spinal stenosis, lumbar. The specific mechanism of injury was not provided. The prior surgical interventions included a laminectomy and fusion on 02/24/2010 and a revision spinal fusion from L3-4 to L5-S1 on 09/22/2012. The injured worker underwent a spinal cord stimulator trial in 01/2014. The documentation of 11/13/2014 revealed the injured worker had a trial of conservative care. The physical examination revealed the injured worker had decreased sensation on the left at S1 and L5 distribution. The injured worker had an antalgic gait and there was increased pain with range of motion. The injured worker had a positive straight leg raise on the left lower extremity. The documentation indicated the injured worker had a CT scan which revealed a solid fusion but the injured worker was noted to have foraminal narrowing involving the L5-S1 area. The documentation indicated that the injured worker underwent an EMG/nerve conduction study which revealed lumbar radiculopathy in the left L5 and S1 regions, as well as right L5. The treatment plan included a possible hardware removal and a laminectomy, foraminotomy at L5-S1. The medications were noted to include Norco 10/325 mg 5 to 6 pills per day and Soma, as well as Ambien 5 mg. There was no Request for Authorization submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Possible hardware removal as well as laminectomy, foraminectomy at L5-S1: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Hardware implant removal (fixation)

Decision rationale: The American College of Occupational and Environmental Medicine indicates that referral for surgical consultation is appropriate for injured workers who have severe and disabling left leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise; activity limitations; 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 the failure of conservative treatment to resolve disabling radicular symptoms. Furthermore, they indicate that direct methods of nerve root decompression include laminotomy, standard discectomy and laminectomy. They do not, however, address hardware removal. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that hardware removal is not recommended routinely except in the case of broken hard or persistent pain after ruling out other causes of pain, such as infection and nonunion. The clinical documentation submitted for review failed to provide the specific conservative care that the injured worker participated in. There were no diagnostic studies submitted for review including CT, MRI or X-rays to support the need for surgical intervention. There was a lack of documentation to indicate that the injured worker had no infection or non-union. There was a lack of documentation of exceptional factors to warrant no adherence to guideline recommendations. Given the above, the request for possible hardware removal, as well as laminectomy, foraminotomy at L5-S1 is not medically necessary.

Associated surgical services: Two day inpatient hospital stay: 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 services: Assistant surgeon: 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 services: Medical clearance: 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.