

Case Number:	CM14-0216332		
Date Assigned:	01/06/2015	Date of Injury:	03/18/2009
Decision Date:	03/06/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/24/2014

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: Minnesota, Florida
 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 with reported date of injury of 3/18/2009. He complains of low back pain radiating down the right lower extremity. An MRI scan of the lumbosacral spine dated 5/25/2010 revealed central spinal stenosis at L3-4 and L4-5 primarily on a congenital basis. Examination reveals weakness of tibialis anterior graded 4/5 on the right and decreased sensation in the lateral calf compatible with a right L5 radiculopathy. Treatment has included physical therapy, activity modification, and epidural steroid injections. A request for an updated MRI scan prior to surgical considerations was certified by utilization review. However, a request for surgery was noncertified as there is no recent MRI evidence of nerve root compression warranting the surgical procedure. The last MRI scan was 4-1/2 years old. This is now appealed to an independent medical review. The available medical records do not include imaging studies or radiology reports.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy L4-L5: 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, 306.

Decision rationale: With regard to the request for lumbar laminectomy at L4-5, California MTUS guidelines are used. The guidelines recommend surgical considerations for patients 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, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, 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 failure of conservative treatment to resolve disabling radicular symptoms. This necessitates documentation of nerve root impingement on the MRI scan at L4-5 on the right. The last MRI scan was 4-1/2 years ago and the current MRI report is not available. As such, the request for laminectomy at L4-5 is not supported by guidelines and the medical necessity is not substantiated.