

Case Number:	CM14-0218081		
Date Assigned:	01/07/2015	Date of Injury:	06/11/2009
Decision Date:	03/13/2015	UR Denial Date:	12/15/2014
Priority:	Standard	Application Received:	12/30/2014

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: California
 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 63 year old male with a date of injury as 06/11/2009. The cause of the injury occurred when the worker was cutting out a three way valve when it fell on top of him causing him to fall off of a platform and he twisted his back. The current diagnoses include spinal stenosis of the lumbar region with neurogenic claudication, coronary heart disease, and lumbago. Previous treatments include physical therapy (24 visits), chiropractic treatments, 3 epidural steroid injections, and medications. Primary treating physician's reports dated 11/04/2014 through 11/24/2014, and MRI of the lumbar spine dated 11/21/2014 were included in the documentation submitted for review. Report dated 11/24/2014 noted that the injured worker presented with complaints that included low back pain that radiates to the posterior thigh to the leg, numbness of his dorsal feet. The injured worker also notes radiating bilateral hip, thigh, and anterolateral leg pain, and leg weakness which causes the leg to give out on him. The injured worker's past medical history includes coronary heart disease, arthritis, and cardiac stent. Physical examination revealed midline tenderness to palpation of the lumbar spine, limited range of motion, and Faber test is positive on the left. MRI of the lumbar spine performed on 11/21/2014 revealed mild to moderate bilateral L5-S1 lateral recess narrowing, moderate bilateral L4-5 lateral recess narrowing, moderate to severe left L4-5 foraminal stenosis, and moderate right L4-L5 foraminal stenosis. Physician impression included lumbar stenosis with neurogenic claudication/lumbar radiculopathy. It was further noted that the injured worker has failed conservative treatments including observation, medications, physical therapy, chiropractic therapy, and spinal injections. The physician felt that due to the failure of conservative

treatments, MRI results, and continued radiating bilateral leg pain consistent with neurogenic claudication the injured worker is a candidate for bilateral L4-5 laminectomy. The injured worker is retired. The utilization review performed on 12/01/2014 non-certified a prescription for bilateral L4-L5 laminectomy and foraminotomy, pre-operative labs (CBC w/out diff, Chem 7, PT/PTT, INR, EKG, and UA), and medical/cardiac clearance based on the physical examination does not indicate any specific neurological anatomical deficit that correlates with radiological pathology. The reviewer referenced the ACOEM and Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Laminectomy and Foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, laminectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition the exam from 11/24/14 does not correlate with the MRI from 11/21/14. Therefore the guideline criteria have not been met and determination is for non-certification.

Pre-Op Labs: CBC w/out Diff, Chem 7, PT, INR, PTT and UA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Preoperative testing

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Medical/Cardiac Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back, Preoperative testing

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.