

Case Number:	CM15-0000478		
Date Assigned:	01/12/2015	Date of Injury:	04/01/2012
Decision Date:	03/17/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	01/02/2015

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 55 year old male, who sustained an industrial injury on 4/14/14. He has reported low back pain with radiation to the left leg. Current diagnoses include low back pain, L5-S1 disk herniation and lower extremity radiculitis. Treatment to date has included MRI's, chiropractic treatments, cortisone injections, physical therapy and medications. The injured worker is currently reporting that low back pain has worsened and is radiating to the left leg. On 12/15/14 Utilization Review non-certified a request for left L5 laminectomy and discectomy and one day hospital stay. The UR physician cited the ACOEM and MTUS guideline for low back pain. The formal MRI report was not available at that time. Otherwise he met all the criteria for surgery. On 1/2/15, the injured worker submitted an application for IMR review for a L5 laminectomy and discectomy and one day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine surgery-Left L5 laminectomy and discectomy: Overturned

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: The injured worker is a 55-year-old male with a date of injury of 4/1/2014. He has clear evidence of a herniation at L5-S1 on the left impinging on the S1 nerve root. The clinical findings are corroborated by the MRI findings. He has failed conservative treatment and is a candidate for surgery. Utilization review noncertified the surgical request as the MRI findings were not available at that time. Since that time the MRI report has been provided and confirms the clinical findings. MRI scan of the lumbar spine dated 10/8/2014 revealed a 4 mm left disc protrusion at the inlet of the foramen at L5-S1. No central canal narrowing. Mild ligamentum hypertrophy and facet arthropathy with moderate bilateral foraminal narrowing. At L4-5 there was flattening of the annulus, mild ligamentum hypertrophy with moderate facet arthropathy. No central canal narrowing. Moderate foraminal narrowing. At L3-4 there was a 3 mm central disc protrusion. Moderate ligamentum hypertrophy with facet arthropathy and fluid in the facet joints. At L2-3 there was a 2 mm diffuse disc bulging. The California MTUS guidelines indicate surgical considerations for 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. The direct methods of nerve root decompression include laminotomy, standard discectomy and laminectomy. Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provides faster relief from the acute attack than conservative management. The guideline criteria have been met and the request for left L5 laminectomy and discectomy is supported and as such, the medical necessity of the request is established.

1 Day stay at sierra hospital: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS.
Decision based on Non-MTUS Citation Section: Low Back, Topic: Hospital length of stay

Decision rationale: ODG guidelines indicate the best practice target of one day for a laminectomy. As such, the request for 1 day hospital stay is supported and the medical necessity is established.