

Case Number:	CM15-0010599		
Date Assigned:	01/30/2015	Date of Injury:	08/23/2012
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/20/2015

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: 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 injured worker is a 45 year old male, who sustained an industrial injury on August 23, 2012. He has reported lower back pain radiating to the bilateral legs, and headaches. The diagnoses have included post discectomy syndrome, lumbar spine disc protrusion, lumbar spine degenerative disc disease with stenosis, and depression. Treatment to date has included medications, physical therapy, lumbar epidural steroid injection, back surgery and imaging studies. A progress note dated December 18, 2014 indicates a chief complaint of continued severe lower back pain with radiation to the bilateral legs. Physical examination showed decreased range of motion of the lower back and decreased sensation of the legs. The treating physician is requesting a redo of the right lumbar/sacral laminotomy and discectomy and left lumbar/lumbosacral laminotomy and discectomy, along with preoperative clearance. On January 8, 2015 Utilization Review denied the request citing the MTUS, ACOEM Guidelines, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo right L5-S1 laminotomy and discectomy, left L4-5 and L5-S1 laminotomy and discectomy, inpatient 1 day: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-204, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/Low_Back.htm; Indications for Surgery - Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: 45 yo male with back and bilateral leg pain. Has had PT and previous lumbar surgery. MTUS criteria for revision lumbar decompression surgery not met. There is no clear correlation between MRI imaging studies and physical exam showing specific radiculopathy and specific compression of nerve roots. The requested treatment is not medically necessary.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: Not needed since surgery is not needed.