

Case Number:	CM15-0015495		
Date Assigned:	02/03/2015	Date of Injury:	09/27/2000
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/27/2015

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 was a 52-year-old female, who sustained an industrial injury, September 27, 2000. The injured workers chief complaint was back pain. The injured worker was diagnosed with chronic pain, lumbosacral motor radiculopathy, peripheral neuropathy, lumbago, spasm of muscle, displacement of lumbar disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis unspecified, radiculopathy lumbar/thoracic spine, spinal stenosis of the lumbar region and failed back syndrome. The injured worker previously received the following treatments EMG/NCS (electromyography and nerve conduction studies) of the lower extremities, two lumbar spine surgery, cane, back brace, MRI of the lumbar spine September 18, 2013, pain management consultation and pain medications. According to progress note of October 14, 2014 the injured worker walks with a cane, wears a back brace, F-wave latency tibial and peroneal nerve stimulation which was normal, H-wave reflex by tibial nerve stimulation which was normal. The injured workers pain was 7 out of 10, 0 being no pain and 10 being the worst pain. The pain was aggravated by movement, standing, sitting, walking, exercise, and working. The pain was partially relieved with oral pain medications. The pain radiated down both lags. The injured worker was ambulatory with a cane and TLSO brace. The primary treating physician requested authorization for surgery for re-exploration bilateral L2-L5 laminectomies, medial facetectomies, and decompressions. On January 13, 2015, the UR denied authorization for surgery for re-exploration bilateral L2-L5 laminectomies, medial facetectomies, and decompressions. The denial was based on the MTUS/ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 surgery re-exploration bilateral L2-L5 laminectomies, medial facetectomies, decompressions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288, 305, 306, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Discectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306.

Decision rationale: California MTUS guidelines indicate surgical considerations for 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. Physical examination as documented in the medical records has not revealed objective signs of radiculopathy. An August 29, 2014 note reports a pain level of 5/10 with tenderness to palpation and complaints of pain but no neurologic deficit was documented on examination. A December 9, 2014 note indicates that implantable pain pump was declined by the IW on 11/25/2014. A pain medicine consultation dated 10/14/2014 revealed normal sensory examination of bilateral upper and lower extremities. Motor examination was said to reveal reduced active movements. Deep tendon reflex exam revealed a negative Babinski and absence of clonus. Electromyography and nerve conduction study dated October 15, 2014 was reported to be normal. In particular, there was no evidence of radiculopathy. The imaging studies include an x-ray dated 8/22/2013 which revealed bilateral intrapedicular screw fixation from L4-S1 with prosthetic disks at L4-5 and L5-S1 levels. Other disc spaces were preserved. An MRI of the lumbosacral spine dated 9/18/2013 was said to reveal residuals at L4-5 and L5-S1. There was a disc spacer at L5-S1 in combination with facet hypertrophy; mild-to-moderate foraminal stenosis was noted. At L4-5, there was mild residual foraminal stenosis from facet hypertrophy. The guidelines criteria for surgical considerations include clinical, electrophysiologic, and imaging evidence of the same lesion that is known to benefit from surgery. These criteria have not been met and as such the request for surgery, re-exploration of bilateral L2-L5 laminectomies, medial facetectomies, and decompressions is not supported by guidelines and the medical necessity of the request is not substantiated.