

Case Number:	CM15-0035181		
Date Assigned:	03/03/2015	Date of Injury:	05/02/2001
Decision Date:	05/07/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/25/2015

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: California

Certification(s)/Specialty: Pediatrics, Neurological 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 64-year-old female who reported an injury on 05/02/2001. The mechanism of injury was not provided. The injured worker underwent a lumbar decompression at L4-5 and L5-S1, with fusion at L5-S1, and implantation of an EBI bone growth stimulator, on 08/04/2014. The injured worker underwent an MRI of the lumbar spine on 08/14/2014, which revealed the injured worker had large fluid collection within the laminectomy defect and epidural space, producing significant compression of the thecal sac. This was most likely representing a seroma. A pseudomeningocele is also a differential possibility. There was mild central stenosis at L4-5 level, there was minimal central stenosis at L3-4 level, and no significant foraminal narrowing. The most recent documentation was dated 11/05/2014. The documentation indicated the injured worker had low back pain that was worse since the last visit. The pain was an 8/10 to 9/10 on the VAS. Massage, rest, and medication assisted in alleviating pain. The injured worker was noted to be in the hospital for 26 days due to complications from the surgery of 08/04/2014. The physical examination revealed the injured worker had pain and tenderness over the lower lumbar segments, and increased muscle tone with guarding of the lumbar musculature. Range of motion was severely restricted. The injured worker was noted to have an EMG/NCV of the lower extremities on 09/20/2011, which revealed evidence of severe acute L4 through S1 radiculopathy bilaterally. The diagnoses included post lumbar laminectomy/discectomy on 08/04/2014, and lumbar HNP. The treatment plan included daily wound care, postoperative physical therapy, and for the injured worker to be off work.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Revision of laminectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for surgery.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers 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. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation indicated that the injured worker had pain and tenderness over the lower lumbar segments, and increased muscle tone with guarding of the lumbar musculature. The range of motion was severely restricted. This would support the exploration of the prior surgical site. Given the above, the request for 1 revision of laminectomy is medically necessary.

1 Fusion exploration: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Lumbar & Thoracic (Acute & Chronic).

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

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers 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. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation indicated that the injured worker had pain and tenderness over the lower lumbar segments, and increased muscle tone with guarding of the lumbar

musculature. The range of motion was severely restricted. Given the above, the request for 1 fusion exploration is not medically necessary.