

Case Number:	CM15-0043655		
Date Assigned:	04/13/2015	Date of Injury:	09/05/2006
Decision Date:	06/03/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/09/2015

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: Orthopedic Surgery, Sports Medicine

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 35-year-old male who reported injury on 09/05/2006. The mechanism of injury was the injured worker was getting up out of a chair and twisted his back. Prior treatments included an L5-S1 interpedicular fusion, hardware removal, spinal cord stimulator implantation, right sacroiliac joint radiofrequency ablation and removal of the spinal cord stimulator and a T10-11 revision laminectomy. The injured worker underwent an MRI of the lumbar spine on 08/13/2014, which revealed at L4-5 there were laminectomy defects and no abnormal fluid collection; there was a broad based disc bulge at L4 and L5 with mild to moderate right sided neural foraminal narrowing at L4-5. The injured worker underwent an EMG/nerve conduction study on 12/29/2014, which revealed evidence of a mild chronic L5 radiculopathy on the right and left. The documentation of 12/02/2014 revealed the injured worker had pain in the right paraspinal at L5-S1, extending into the right buttocks and down the right leg into the right shin and foot. The injured worker received a right L5 transforaminal epidural steroid injection and following the injection the low back, buttocks and right leg pain completely resolved. The symptoms remained improved; however, they were slowly returning. The medical records indicated the pain management physician performed a right L4 selective nerve root block on 10/08/2014. The current complaints included low back pain with numbness radiating into the bilateral buttocks and down the bilateral posterior thighs rated an 8/10 on the VAS. The physical examination revealed the walked with a limp favoring the right lower extremity. There was a postoperative scar over the midline lower lumbar spine. There was palpable tenderness over the midline lower lumbar spine bilaterally. There was tenderness to

palpation over the lower thoracic and upper lumbar spine. There was decreased sensation over the L3, L4 and L5 dermatomes. There was decreased range of motion in extension, bilateral lateral bending and flexion. The motor strength was 4/5 bilaterally in hip flexion and knee flexion. The motor strength on the right ankle dorsiflexor was trace. The straight leg raise was positive on the right at 80 degrees and negative on the left at 90 degrees. The physician indicated the MRI revealed moderate lateral recess narrowing at L4-5, mostly due to facet arthropathy as there was only a small disc bulge. There was mild L5 foraminal narrowing. The diagnoses included L4-5 lateral recess stenosis with right L5 radiculopathy. The treatment plan included an L5 nerve root block to indicate this was the primary pain generator. Additionally, the request was made for the EMG/NCV of the bilateral lower extremities and that if the nerve block is diagnostic, there would be a consideration for a right L4-5 laminotomy and right L5 foraminotomy with re-exploration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 laminotomy and mesial facetectomy with re-exploration: Upheld

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): 305-307.

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 electro-physiologic 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 submitted for review indicated the injured worker had received conservative care. However, the specific conservative care and duration of care was not provided, with the exception of injections. The injured worker had clear clinical objective findings and had L5 radiculopathy per the electrodiagnostic studies. The physician documented that if the nerve block was diagnostic, there would be a consideration for a right L4-5 laminotomy and right L5 foraminotomy with re-exploration. The results of the nerve block were not provided and there was a lack of documentation of moderate to severe stenosis to support the need for a laminotomy and a medial facetectomy. Given the above, the request for right L4-5 laminotomy and mesial facetectomy with re-exploration is not medically necessary.

Pre-operative medical clearance: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Purchase of pneumatic intermittent compression: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-op physiotherapy x 18 sessions: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Chest x-rays: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Purchase of lumbar lumbosacral orthosis brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Hospital stay x 1 day: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: LSO back brace: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Lumbar additional interface: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op follow-up: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.