

Case Number:	CM15-0047122		
Date Assigned:	03/19/2015	Date of Injury:	05/10/2004
Decision Date:	05/13/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/12/2015

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 63-year-old male, who sustained a work related injury on 5/10/04. The diagnoses have included left sciatica, spinal stenosis at L3-4 and chronic back pain. Treatments to date have included physical therapy, MRIs of lumbar spine dated 6/1/09 and 1/29/15 and medications. In the PR-2 dated 1/13/15, the injured worker complains of low back pain. He complains of a decrease in activity because of it. The treatment plan in this progress note is for the injured worker to return for a left knee injection. The progress note with the requested treatment of a decompressive laminectomy with assistant surgeon and lumbar brace is not found in medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive laminectomy with assistant surgeon: 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: 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 limitation due to radiating leg pain for more than one month or 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 failure of conservative treatment to resolve disabling radicular symptoms. In this case although the MRI scan shows spinal stenosis at L3-4, objective neurologic findings corroborating the MRI findings are not present. There is no electrophysiologic evidence of the same lesion that has been shown to benefit in both the short and long-term from surgical repair. The guidelines with regard to spinal stenosis indicate that surgery should not be performed solely on the basis of MRI studies. Furthermore, failure of conservative treatment is not documented. As such, the request for decompressive laminectomy is not supported and the medical necessity of the request has not been established. Therefore, this request is not medically necessary.

Lumbar 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.