

Case Number:	CM15-0095505		
Date Assigned:	05/22/2015	Date of Injury:	04/28/2010
Decision Date:	06/26/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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
 Certification(s)/Specialty: 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:

This is a 55 year old male with an April 28, 2010 date of injury. A progress note dated April 10, 2015 documents subjective findings (worsening back pain with left greater than right lower extremity radiculopathy; limited improvement with medical management and physical therapy), objective findings (forward set posture; midline tenderness in the mid and lower lumbar spine to palpation percussion; limited range of motion; positive left straight leg raise; full motion of the hips, knees and ankles; some decreased sensation in the left L5 distribution to soft touch), and current diagnoses (multilevel spinal stenosis). Treatments to date have included medications, physical therapy, magnetic resonance imaging of the lumbar spine (April 3, 2015; showed multilevel degenerative changes; disc extrusion, facet arthropathy, narrowing of the central canal, foraminal narrowing, central canal stenosis, and osteophyte complexes), and acupuncture. The treating physician documented a plan of care that included a lumbar laminectomy and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide such evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested Treatment: Lumbar laminectomy is NOT Medically necessary and appropriate.

Associated surgical service: Inpatient hospital stay x 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested Treatment: Lumbar laminectomy is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Inpatient hospital stay 2-3 days is NOT Medically necessary and appropriate.

Decision rationale: Since the requested Treatment: Lumbar laminectomy is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Inpatient hospital stay x 2-3 days is NOT Medically necessary and appropriate.

Post-op physical therapy 3 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested Treatment: Lumbar laminectomy is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Post-op physical therapy 3 4 is NOT Medically necessary and appropriate.

Decision rationale: Since the requested Treatment: Lumbar laminectomy is NOT Medically necessary and appropriate, then the Requested Treatment: Associated surgical service: Post-op physical therapy 3 x 4 is NOT Medically necessary and appropriate.

Associated surgical service: Lumbar sleep 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.