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| Case Number: | CM13-0027910 | | |
| Date Assigned: | 11/22/2013 | Date of Injury: | 09/28/2010 |
| Decision Date: | 01/30/2014 | UR Denial Date: | 09/09/2013 |
| Priority: | Standard | Application Received: | 09/23/2013 |

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopaedic Surgery, has a subspecialty certificate in Fellowship trained in Spine Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old male with a reported date of injury of 09/28/2010. The patient has had persistent low back pain despite conservative care including epidural steroid injections. Imaging studies reveal 4 mm diffuse disc osteophyte at L4-5 with minor facet hypertrophy and mild left and moderate right neural foraminal stenosis. At L5-S1, the patient had diffuse disc osteophyte complex measuring 3 mm with moderate facet hypertrophy and moderate to severe right neural foraminal stenosis. On physical examination, the patient has tenderness to palpation with 15 degrees of extension and 35 degrees of flexion, as well as spasms. The patient was being recommended for surgical decompression at L4-5 and L5-S1. The patient is being recommended for surgical decompression at L4-5 and L5-S1 with preoperative and postoperative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hemilaminectomy and foraminotomy, decompression at L4-L5 and L5-S1 between 9/3/2013 and 10/21/2013: Upheld

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

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

Decision rationale: CA MTUS/ACOEM guidelines state that "Surgical diskectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear." The documentation submitted for review does indicate the patient has osteophyte complexes at L4-5 and L5-S1, as well as foraminal narrowing. The patient has also been unresponsive to conservative care. However, there is lack of physical exam findings or neurological deficits to correlate with the L4-5 and L5-S1 levels to warrant surgical decompression. Given the lack of positive physical exam findings, the surgical intervention is non-certified at this time.

Preoperative clearance to include consult, between 9/3/2013 and 10/21/2013: 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.

Preoperative clearance to include labs, between 9/3/2013 and 10/21/2013: 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.

Preoperative clearance to include chest x-ray, between 9/3/2013 and 10/21/2013: 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.

Preoperative clearance to include EKG, between 9/3/2013 and 10/21/2013: 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.

One (1) TEC system (iceless cold therapy unit with DVT and lumbar wrap) between 9/3/2013 and 10/21/2013: 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.

One (1) to two (2) day inpatient stay between 9/3/2013 and 10/21/2013: 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, [REDACTED] between 9/3/2013 and 10/21/2013: 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.