MAXIMUS Federal Services

Case Number:	CM13-0010945		
Date Assigned:	12/04/2013	Date of Injury:	08/30/2012
Decision Date:	01/14/2014	UR Denial Date:	07/31/2013
Priority:	Standard	Application Received:	08/14/2013

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 Orthopedic 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 claimant is a 62-year-old gentleman who sustained an injury to his lumbar spine in a work related accident on 06/30/12. The clinical records submitted for review include documentation of current complaints of right greater than left lower extremity pain and back pain. A 07/09/13 assessment by [redacted]. showed the physical examination to be with tenderness to palpation, bilateral positive straight leg raising and "hypoesthesias to the bilateral lower extremities in a diffuse distribution". Absent bilateral ankle reflexes were also noted. Formal clinical imaging was not available for review. The request at preset from treating physician was for two level lumbar decompressions and foraminotomy at the right L2-3 and L4-5 levels with a preoperative evaluation and an assistant surgeon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L2-3 and L4-5 lumbar decompression and foraminotomy: 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): 306.

Decision rationale: Based on California MTUS ACOEM Guidelines, surgical intervention in this case cannot be supported. While the claimant is noted to be with diffuse radicular findings that are nonspecific to specific dermatomal level on examination, there is no formal imaging available for review or documentation of prior conservative treatment that would necessitate the role of the requested two-level procedure in question. The specific surgical request at this time would not be indicated as Guidelines only support the role of decompression surgery to the lumbar spine for carefully selected individuals with corresponding neurologic deficits on examination.

A pre-operative evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 necessary.

An assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 necessary.