MAXIMUS Federal Services

Case Number:	CM13-0012173		
Date Assigned:	04/07/2014	Date of Injury:	05/24/2011
Decision Date:	05/20/2014	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/23/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Pennsylvania. 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/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 46-year-old injured worker who was injured 05/24/11 when he slipped and fell at work resulting in acute low back and lower extremity complaints. Recent testing to date includes a 02/25/14 electrodiagnostic study report demonstrating a right L4-5 radiculopathy. There is also documentation of a 02/16/14 MRI of the lumbar spine that shows the L4-5 level to be with hypertrophic changes at the facet joints, a right sided posterolateral disc budge with mild to moderate narrowing of the neuroforaminal. The L5-S1 level was with disc desiccation and left sided protrusion resulting in encroachment in neuroforaminal narrowing. Recent progress report of 12/30/13 showed a physical examination to be with restricted range of motion at endpoints of lumbar movement with negative straight leg raising, 5/5 distal strength bilaterally, equal and symmetrical deep tendon reflexes and no indication of sensory deficit. The claimant is noted to have failed conservative care in regards to the low back. There is currently a request for a two level right sided L4-5 and L5-S1 hemilaminectomy and foraminotomy for further intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

2-DAY INPATIENT STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disablity Guidelines (ODG)

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.

RIGHT L4-S1 LUMBAR POSTERIOR HEMILAMINECTOMY, 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: MTUS/ACOEM Guidelines indicate that the role of decompressive procedures to the lumbar spine is indicated for individuals with a clear clinical picture of both compressive pathology and positive exam findings. At present while the claimant is noted to be with positive electrodiagnostic studies at the L4 level and the imaging showing disc protrusions at L4-5 and L5-S1, there is no current physical examination supportive of a radicular process at the L4-5 or L5-S1 level to support the need of an acute surgery. The request for a right L4-S1 lumbar posterior hemilaminectomy, foraminotomy is not medically necessary and appropriate.