MAXIMUS Federal Services

Case Number:	CM13-0013698		
Date Assigned:	12/11/2013	Date of Injury:	09/18/2007
Decision Date:	01/22/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/19/2013

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, 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 68 year old male injured September 18, 2007. Specific to his low back the clinical records include recent imaging including a August 7, 2012 MRI report of the lumbar spine indicating the L4-5 level is with moderate disc degeneration and mild disc bulging with a left parasagittal disc protrusion resulting in mild right foraminal stenosis but no left sided foraminal stenosis. The L5-S1 level is noted to be with a prior anterior/posterior interbody spinal fusion with bone grafting and placement of pedicle hardware and solid stabilization. There is good position, no evidence of loosening or significant change. September 17, 2013 assessment with [redacted] indicated the claimant was with continued complaints of pain with electrodiagnostic studies showing radiculopathy with report unavailable for review. The physical examination showed restricted range of motion with flexion and extension and no neurologic finding. Epidural injections at the L4-5 and L5-S1 level were recommended at that time. A prior assessment with [redacted] July 30 showed examination with a positive left sided straight leg raise but no other significant finding. Reviewed at that time were radiographs that showed degeneration at L4-5 and prior fusion at L5-S1. Lumbar laminectomy to be performed bilaterally at the L4-5 and L5-S1 levels was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminotomy - bilaterally L4-5, L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, ODG, and the AMA Guides

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on the CA ACOEM Guidelines the role of decompression at the two levels requested would not be indicated. The physical examination findings and clinical imaging fail to demonstrate compressive pathology at the L4-5 or L5-S1 level for which decompression and laminotomy would be indicated. The absence of the above would fail to necessitate this surgical request.

Assistant surgeon: 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.

Medical clearance with Dr. [redacted]: 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.

Inpatient hospital stay - 2 days: 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.