

Case Number:	CM13-0019601		
Date Assigned:	02/19/2014	Date of Injury:	06/10/1981
Decision Date:	04/24/2014	UR Denial Date:	08/15/2013
Priority:	Standard	Application Received:	09/03/2013

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 has a subspecialty in Spine Surgery and is licensed to practice in Texas, Tennessee and Montana. 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 is a 73-year-old male who reported an injury on 06/10/1981. The mechanism of injury was not stated. The patient is currently diagnosed with lumbar disc disease. The patient was seen by [REDACTED] on 03/05/2013. The patient was 1 year status post lumbar laminectomy. It is noted that the patient was doing well up until the patient slipped on a power cord at [REDACTED] and fell, causing a flare up of back pain. The patient reported significant pain and limitation. Physical examination on that date revealed tenderness to palpation with positive straight leg raising and painful hip flexion. It was noted that the patient was a satisfactory candidate for contemplated surgery. An operative report was then submitted by [REDACTED] on 03/12/2013, indicating that the patient underwent an L4-5 revision laminotomy, L3 hemilaminectomy, and L2 hemilaminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The spinal revision and decompression surgery at L3-L5 performed on 3/12/13: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/ laminectomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines state there should be documentation of lower extremity weakness as well as imaging evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy, epidural steroid injections, and physical therapy. The patient's initial injury was documented on 06/10/1981. The patient recovered well following a laminectomy in 2012. According to the medical records provided for review, the patient suffered a flare up of back pain after recently slipping on a power cord at [REDACTED]. The relation of the recent injury to the initial industrial injury was not provided. There was no imaging studies provided for review. There was no documentation of an attempt at conservative treatment prior to the additional surgical procedure. There was also no evidence of lower extremity weakness upon physical examination. The request for a spinal revision and decompression surgery at L3-L5 performed on 3/12/13 is not medically necessary and appropriate.