MAXIMUS Federal Services

Case Number:	CM13-0022162		
Date Assigned:	11/13/2013	Date of Injury:	02/14/2011
Decision Date:	01/30/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	09/09/2013

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 patient is a 37-year-old male who reported an injury on 02/14/2011. The patient is currently diagnosed with calcaneus fracture and sprain and strain of the lumbosacral spine. The patient was recently seen by [redacted] on 08/28/2013. The patient reported constant left ankle and lower back pain rated 4/10. Physical examination revealed tenderness to palpation over the lateral aspect of the left ankle and decreased lumbar range of motion with pain. Treatment recommendations included authorization for a lumbar spine laminectomy, a lumbar spine MRI report from 07/19/2013, a left ankle brace, and continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for Stage 1 L4-L5 Posterior Lumbar Laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines,Low back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 305-307.

Decision rationale: California Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than 1 month,

extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. The medical record provided for review did not document evidence of a lesion, segmental instability, functional spinal unit failure or instability, progressive degenerative changes, loss of height disc and loading capability, the need for a revision surgery, or a failure of 2 discectomies on the same disc. Therefore, the patient does not currently meet Guideline criteria for the requested surgical procedure. As such, the request for Stage 1 lumbar radiculopathy-L5 Posterior Lumbar Laminectomy is non-certified.

The request for Pre-operative Labs: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative lab testing.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

The request for Chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, and general.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

The request for 3 days Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back Chapter, Hospital Length of Stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

The request for Fixation and Fusion with Illac Crest Autograft: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: California Chronic Pain Medical Treatment Guidelines/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitations due to radiating leg pain for more than 1 month, extreme progression of lower extremity symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both short and long term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. Patients with increased spinal instability after surgical decompression at the level of degenerative spondylolisthesis may be candidate for a fusion. As per the clinical notes submitted, the patient underwent an MRI of the lumbar spine on 07/19/2013. There was no evidence of a lesion or segmental instability. Therefore, the requested Fixation and Fusion with Iliac Crest Autograft is not medically necessary, as the patient does not currently meet Guideline criteria.