MAXIMUS Federal Services

Case Number:	CM13-0027752		
Date Assigned:	12/18/2013	Date of Injury:	03/30/2012
Decision Date:	03/17/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/23/2013

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, has a subspecialty in Spine 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:

This is a 41-year -old male with a 3/30/12 date of injury. At the time of request for authorization for assistant surgeon between 8/28/2013 and 10/27/2013, and 10/27/13, and four (4) days inpatient stay betweeen 8/28/2013 and 10/27/2013; there is documentation of subjective (severe low back pain radiating down the legs, left worse than right) and objective (decreased lumbar range of motion with sharp pain radiating down the left leg on extension, tenderness in the lower lumbar area, difficulty heel walking, a left antalgic gait,positive straight-leg raising on the left and right with pain into the right buttock and proximal thigh,2.5 weakness of left ankle dorsiflexors, and diminished quad and Achilles reflexes bilaterally) findings, imaging findings (MR IMAGNETIC RESONANCE IMAGING) of the lumbar spine (7/12/12)report revealed severe spinal stenosis at L4-L5, mutilevel foraminal stenosis due to congenitally short pedicles, and grade 1 spondylolisthesis of L4 and L5, current diagnoses (lumbar spinal stenosis and spondylolisthesis), and treatment to date (hysical therapy, corticosteroid injections, medications, and bracing). The plan indicates an anterior retroperitoneal discectomy and stabilization at L4-L5 and then a posterior laminectomy to decompress the severe stenosis at L4-L5. There is no documentation of a pending surgery that is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Assistant Surgeon: 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

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, Discectomy/laminectomy and Fusion (spinal)

Decision rationale: There is no documentation ofa a pending surgery that is medically necessary. Therefore, based on guidelines and a review of the evidence, the request for co-vascular surgeon between 08/28/2013 and 10/27/2013 is not medically necessary.

Co-vascular surgeon between 8/28/2013 and 10/27/2013: 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

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, Discectomy/laminectomy and Fusion (spinal)

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore,based on guidelines and a review of the evidence, the request for Co-vascular surgeon between 8/28/2013 and 10/27/2013 is not medically necessary.

Four (4) days inpatient stay between 8/28/2013 and 10/27/2013: 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, Hospital length of stay (los)

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, Hospital length of stay (los)

Decision rationale: There is no documentation of a pending surgery that is medically necessary. Therefore,based on guidelines and a review of the evidence, the request for Co-vascular surgeon between 8/28/2013 and 10/27/2013 is not medically necessary.