

Case Number:	CM13-0038980		
Date Assigned:	06/06/2014	Date of Injury:	06/12/2003
Decision Date:	07/14/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 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 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 injured worker is a 68-year-old male who reported an injury on 06/12/2003. The mechanism of injury was not stated. Current diagnoses include lumbar degenerative disc disease, lumbar spondylolisthesis, lumbar adjacent segment disease, lumbar recurrent spondylolisthesis, and lumbar decompression and fusion. The only physician progress report submitted for this review is documented on 11/18/2013. Physical examination was not provided on that date. The injured worker was recommended to undergo an L4-5 interbody fusion with posterior lumbar decompression and instrumentation. It is noted that the injured worker underwent a lumbar myelogram on 08/27/2013, which indicated moderate stenosis of the thecal sac at L2-3, moderate to severe thecal sac stenosis at L3-4, mild effacement of the ventral thecal sac secondary to disc protrusion at L5-S1, and foraminal nerve root sleeve diverticulum identified at T10-11, T11-12, and T12-L1.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR DISCECTOMY: 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): 305-306.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, extreme progression of symptoms, clear, clinical imaging and electrophysiologic evidence of a lesion, and a failure of conservative treatment. As per the documentation submitted, there was no physical examination provided for this review. There is no mention of an attempt at conservative treatment. Additionally, the specific level at which the surgical procedure will be performed was not listed in the request. Based on the clinical information received, the request is not medically necessary.

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.

PREOPERATIVE MEDICAL CLEARANCE/CONSULT: 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.