

Case Number:	CM13-0039830		
Date Assigned:	12/20/2013	Date of Injury:	12/09/2001
Decision Date:	04/10/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/09/2013

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 Pennsylvania. 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 63 year old male with an injury date of April 1, 1994. The medical records provided for review documented that the claimant has a history of back pain radiating to the lower extremities. His pain was noted to radiate to the L4 nerve root distribution on both sides. The lumbar MRI was noted to show degenerative disc disease with bulging L3 through S1 and bilateral L4-5 foraminal narrowing. The electrodiagnostic studies from August 29, 2011 showed bilateral L3 and L4 radiculitis. The claimant has been treated with therapy, epidural injection and medications. An L4-5 lumbar decompression has been requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Front-Wheeled Walker: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: A walker may be reasonable in the postoperative period in consideration of the procedure to be performed and the claimant's age.

An Assistant Surgeon: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Milliman Care Guidelines: 18th Edition: Assistant Surgeon Guidelines.

Decision rationale: An assistant surgeon is generally allowed according to the Milliman Guidelines.

Bilateral Posterior Lumbar Facetectomy and Foraminotomy at the Levels of L4-L5: Overturned

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, 310..

Decision rationale: The requested surgery would be reasonable based on the information provided and as recommended by the CA MTUS ACOEM 2004 Guidelines. The records suggest the claimant has symptoms of both low back and focal radicular pain which corresponds to electrodiagnostic findings suggestive of radiculitis or radiculopathy. The claimant has foraminal narrowing at the L4-5 level. The claimant, according to the records, had transient relief following a previous epidural injection which would be a favorable prognostic sign for the requested decompressive surgery. The claimant has failed other conservative treatment with medications and therapy. The claimant sufficiently meets the evidence based criteria for the requested bilateral posterior lumbar facetectomy and foraminotomy at L4-5.

Two Days Inpatient Hospital Stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Decision rationale: In accordance with the Official Disability Guidelines: hospitalization, length of stay recommendation, a two day stay would not be considered medically necessary. ODG recommends a one day inpatient stay for this surgery.