

Case Number:	CM13-0041143		
Date Assigned:	12/20/2013	Date of Injury:	09/17/2010
Decision Date:	02/18/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. She has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 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. 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 55-year-old male who reported a work-related injury on 09/17/2010; specific mechanism of injury was noted as result of a fall. The patient subsequently presents for treatment of the following diagnoses: cervical spinal cord compression with tetraplegia, neurogenic bladder/bowel, head trauma, and spasticity. The most recent clinical note submitted for review dated 07/09/2013 is difficult to interpret due to illegible penmanship. It appears the patient presented for procedure to remove a spinal cord stimulator implant.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Lumbar Laminectomy; L3-S1 with assistant surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

Decision rationale: The Physician Reviewer's decision rationale: The clinical notes failed to document the patient's current physical exam findings, the patient's course of treatment for his lumbar spine pain complaints, and recent imaging of the patient's lumbar spine. California MTUS/ACOEM indicates direct methods of nerve root decompression include laminotomy,

standard discectomy, and laminectomy. The clinical notes document the patient has received extensive care status post his work-related fall with injury sustained in 08/2012 related to his cervical spine. However, documentation of specific interventions for the patient's lumbar spine pain complaints were not evidence in the clinical notes reviewed. Given all of the above, the request for 1 Lumbar Laminectomy; L3-S1 with assistant surgeon is not medically necessary or appropriate.

x2 day in-patient hospital stay: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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: The Physician Reviewer's decision rationale: The clinical notes failed to document the patient's current physical exam findings, the patient's course of treatment for his lumbar spine pain complaints, and recent imaging of the patient's lumbar spine. Official Disability Guidelines indicate postoperative to the requested intervention, best target practice no complications is indicated as outpatient. However, given all of the above, the request for x2 day in-patient hospital stay is not medically necessary or appropriate.