MAXIMUS Federal Services

Case Number:	CM13-0043273		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2003
Decision Date:	02/20/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/22/2013

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 62-year-old gentleman who was injured in a work related accident on 05/29/03. Specific to his lumbar spine, there was documentation that a lumbar laminectomy was performed at the L4-5 level in 2011. Recent clinical assessment on 11/01/13 by [redacted], documented ongoing complaints of the lumbar spine and that conservative care including physical therapy, acupuncture, epidural steroid injections, and prior radiofrequency ablation time of since time of prior procedure had failed. The claimant's physical examination findings were noted to show "no significant change." Reviewed at the 11/01/13 assessment was an MRI of the lumbar spine from 03/01/13 showing the prior laminectomy at the L4-5 level with disc scarring but no documentation of other findings. The claimant apparently has a transitional segment. Surgical request for a lumbar laminectomy and instrumented fusion at the L5- L6 level was recommended with a two day inpatient hospital stay. Previous clinical records with supported physical examination findings included a 10/03/13 assessment by [redacted] citing paravertebral muscle spasm with diminished range of motion and use of a cane. Prior neurological evaluation by [redacted] dated 08/27/13 showed 4/5 left sided lower extremity strength with normal sensation and equal and symmetrical reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral lumbar decompressive laminectomy and instrumentation fusion at the levels of L5-L6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM Chapter 7 , ODG Indications for surgery-Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: Based on California MTUS ACOEM 2004 Guidelines, lumbar decompression and instrumented fusion at the L5-L6 level would not be indicated. At present, the claimant's current presentation does not include or support lumbar fracture, dislocation, or segmental instability that would necessitate the role of a fusion procedure. ACOEM Guideline criteria would only support the role of a fusion based on the abovementioned diagnosis. The specific request for the proposed procedure in question with negative imaging findings at the requested surgical level would not be supported.

Two (2) day inpatient hospital stay: 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 evaluation: 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.