MAXIMUS Federal Services

Case Number:	CM13-0056992		
Date Assigned:	12/30/2013	Date of Injury:	02/24/2011
Decision Date:	03/31/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/25/2013

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 Texas and 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 40-year-old male who reported an injury on 02/24/2011. The mechanism of injury was not specifically stated. The patient is diagnosed with lumbar radicular syndrome. The patient was seen by [redacted] on 10/16/2013. The patient reported ongoing lower back pain. Physical examination revealed restricted range of motion, positive straight leg raising, and paraspinal spasm. Treatment recommendations included a laminotomy and discectomy at L5-S1 with an overnight hospital stay and 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 day of inpatient stay between 10/24/2013 and 12/8/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Hospital Length of Stay

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

12 postoperative physical therapy visits between 10/24/13 and 12/8/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: As the patient's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is non-certified.

L5-S1 laminotomy and dscectomy between 10/24/2013 and 12/8/2013: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation, Online Edition, Chapter: Low Back - Lumbar & Thoracic Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints,Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Occupational Medicine Practice Guidelines, 2nd Edition (2004) - pp. 305-307 and Official Disability Guidelines (ODG) Low Back Chapter, Laminectomy/ laminotomy

Decision rationale: California MTUS/ACOEM Practice Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of symptoms, clear clinical, imaging, and electrophysiological evidence of a lesion, and failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. As per the documentation submitted, there is no evidence of an exhaustion of conservative treatment. The patient's physical examination revealed symmetric deep tendon reflexes and 5/5 motor strength in bilateral upper and lower extremities. There is no evidence of severe and disabling lower extremity symptoms. Based on the clinical information received, the request is non-certified.