

Case Number:	CM13-0058176		
Date Assigned:	12/30/2013	Date of Injury:	07/01/1986
Decision Date:	04/10/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 claimant is a 72 year old with a reported injury date of July 1, 1986. The records provided for review indicated the claimant had a history of chronic low back pain with radiculopathy and had previously undergone an L5-S1 discectomy well before the reported injury of 1986. Based upon the records provided for review, the claimant received treatment with epidural steroid injections; however it is not clear that he has received any recent treatment. The records suggested that the claimant retired in 1991 and received no further treatment for his back until the time of evaluation in October 2013. The October 2013 evaluation documented three weeks of increasing lower back pain as well as right leg pain and the claimant described his symptoms to be in the medial aspect of the right thigh with radiating pain to the right foot. No focal radicular findings were noted on examination at that time and straight leg raise was negative. An MRI was subsequently performed on 10/24/13 and showed a moderate to large disc extrusion at L1-2 and a moderate disc extrusion at L5-S1, moderate central canal stenosis at L4-5 was appreciated and was noted to be secondary to degenerative changes. At the time of the evaluation, the MRI was reviewed and a request was made for laminectomy/discectomy at L1-2, L4-5 and L5-S1. This request was made after the MRI and after new physical examination findings were reported to show 4/5 knee strength and multiple muscle groups of the right lower extremity and reports of sensory loss at multiple levels. This request was also made despite records that stated "the claimant has not had any conservative treatment in the last few years." Specifically the records suggested that the claimant had not undergone any physical therapy, recent epidural injection or other treatment. Though nonsurgical treatment options were discussed, including therapy, epidural injection, medications and other treatments, it does not appear that any conservative treatment was administered to the claimant.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE L1-L2, L4-L5, L5-S1 LAMINECTOMY/DISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: The medical records provided for review do not indicate the claimant has a progressive neurologic deficit or another condition that would require urgent or emergent treatment without an attempt at conservative care. The claimant certainly has symptoms and radiologic findings that may warrant surgery if his condition fails to improve with a trial of conservative treatment. The ACOEM Guidelines require activity modification for greater than or equal to two months, drug therapy, and physical or manual therapy as criteria for surgery. The claimant has not received conservative treatment according to the records reviewed. The request is not medically necessary and appropriate.

ONE DAY INPATIENT STAY AT [REDACTED]: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ONE ASSISTANT SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary

ONE INTRAOPERATIVE NEUROMONITORING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

ONE LUMBAR BACK BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

14 DAY RENTAL OF VASUTHERM DVT UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

. 1 PRE-OP CARDIAC CLEARANCE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation ODG Indications for Surgery-Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 310.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.