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| Case Number: | CM13-0058558 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/19/2011 |
| Decision Date: | 03/26/2014 | UR Denial Date: | 11/05/2013 |
| Priority: | Standard | Application Received: | 11/27/2013 |

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:

A 21 year old male with low back pain. Exam note 9/23/13 demonstrates report of continued symptoms. Exam demonstrates tenderness over the mid to distal lumbar segments. Report of dysesthesias in the left L5 and S1 dermatomes. Report of large disc herniation at the L5/S1 levels. CT scan lumbar spine 10/11/11 demonstrates mild posterior loss of disc height at L5/S1 and suspected 4-5 mm disc bulge.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy: Upheld

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): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

Decision rationale: In this case there is insufficient evidence of significant neural compression on imaging studies and lack of documentation of failure of conservative care to warrant surgical intervention. Therefore the determination is for non-certification.

L5-S1 left hemi microlaminotomy, microdiscectomy with neural decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: : In this case there is insufficient evidence of significant neural compression on imaging studies and lack of documentation of failure of conservative care to warrant surgical intervention. Therefore the determination is for non-certification.

Two (2) days inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: As the surgical procedure is not medically necessary, the determination for 2 day inpatient stay is not medically necessary

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Orthopaedics Surgeons Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: As the surgical procedure is not medically necessary, the determination for assistant surgeon is not medically necessary

Medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=38289>. Preoperative evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: As the surgical procedure is not medically necessary, the determination for medical clearance is not medically necessary.