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| Case Number: | CM13-0069719 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 06/25/2012 |
| Decision Date: | 05/28/2014 | UR Denial Date: | 12/12/2013 |
| Priority: | Standard | Application Received: | 12/23/2013 |

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, 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 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 injured worker is a 58-year-old male who reported an injury on 06/25/2012. The mechanism of injury was not stated. The current diagnosis is status post multiple surgical procedures. The injured worker was evaluated on 10/15/2013. The injured worker was status post lumbar interbody fusion and lumbar laminotomy and microdiscectomy. Physical examination revealed reduced range of motion of the lumbar spine, positive straight leg raising on the right, weakness and numbness in the right lower extremity. Previous conservative treatment was not mentioned. Treatment recommendations included a revision laminectomy and fusion at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT REVISION LAMINECTOMY AND FUSION L5-S1 ALIF L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

Decision rationale: The 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 lower extremity symptoms, clear clinical, imaging and electrophysiological evidence of a lesion and a failure of conservative treatment. The Official Disability Guidelines (ODG) state prior to a discectomy/laminectomy, there should be evidence of radiculopathy upon physical examination. There should be documentation of nerve root compression, lateral disc rupture or lateral recess stenosis upon imaging study. Conservative treatment should include activity modification, drug therapy and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy, or completion of a psychological screening. As per the documentation submitted, there is no mention of an attempt at conservative treatment to include activity modification, drug therapy or epidural steroid injections. There is also no mention of a referral to physical therapy, manual therapy, or completion of a psychological screening. Therefore, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary or appropriate.