

Case Number:	CM13-0069893		
Date Assigned:	05/07/2014	Date of Injury:	09/06/1997
Decision Date:	06/13/2014	UR Denial Date:	12/13/2013
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 and is licensed to practice in Texas. 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 51 year old female who reported an injury on 09/06/97 from an industrial related injury. The clinical note dated 07/29/13 indicates the injured worker having complaints of left hip, bilateral lower extremity, low back, and cervical spine pain. The previously rendered physical therapy did provide some short term relief. The injured worker continues with the use of medications to address her ongoing complaints of pain. An exam revealed the injured worker complaining of radiculopathy specifically with the hip flexors. This has been manifested by difficulty with range of motion. The note indicates the injured worker having a remote past L4-5 decompression. However, the injured worker had developed constant pain in the low back region. The injured worker stated that she is unable to walk as this exacerbates her pain. Occasional numbness was identified in the calf muscles that was described as a pins and needles sensation in the toes, right greater than left. Previously, the injured worker had been treated with chiropractic manipulation as well as analgesics with some benefit. Injections in the lumbar spine provided no significant benefit. The decompression took place in 1998. The clinical note dated 07/29/13 indicates the injured worker having previously undergone physical therapy which did provide short term benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

BILATERAL LUMBAR TWO (L2)-L5 LAMINOTOMIES, MEDIAL FACETECTOMIES, POSSIBLE DISCECTOMY/ FUSION/ INSTRUMENTATION: 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), Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The documentation indicates the injured worker complaining of ongoing low back pain despite previous surgical intervention and ongoing therapy. A laminotomy/discectomy and fusion would be indicated provided the injured worker meets specific criteria to include imaging studies confirming the injured worker's significant pathology with correlating symptoms in the appropriate distributions. No imaging studies were submitted confirming the injured worker's pathology. Additionally, no information was submitted regarding the injured worker's ongoing symptoms in the appropriate distributions. Given this, the request is not medically necessary.

PRE-OP MEDICAL CLEARANCE: 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.

3-DAY INPATIENT 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.

POST-OP DME: 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.