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| Case Number: | CM13-0070020 | | |
| Date Assigned: | 01/03/2014 | Date of Injury: | 07/13/2012 |
| Decision Date: | 03/31/2014 | UR Denial Date: | 12/18/2013 |
| Priority: | Standard | Application Received: | 12/24/2013 |

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 Orthopaedic Surgery, has a subspecialty in Fellowship trained in Spine 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:

The patient is a 53-year-old male who reported an injury on 07/13/2012. The mechanism of injury involved heavy lifting. The patient is currently diagnosed with degenerative lumbar intervertebral disc, displacement of lumbar intervertebral disc without myelopathy, and spinal stenosis in the lumbar region. The patient was seen by [REDACTED] on 11/26/2013. The patient reported lower back pain with left lower extremity radiation. Physical examination revealed 5/5 motor strength throughout, decreased sensation in the L5 and S1 dermatome, diminished ankle reflex on the right, positive straight leg raising. Treatment recommendations included a laminectomy/discectomy at L5-S1 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro-Laminectomy/Discectomy L4-5 & L5-S1 left with Baxano system: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low Back Chapter, Laminectomy/ laminotomy, Percutaneous discectomy (PCD)

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, Laminectomy/ laminotomy, Percutaneous discectomy (PCD)

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 a failure of conservative treatment. Official Disability Guidelines recommend laminectomy or laminotomy for lumbar spinal stenosis. Percutaneous discectomy is not recommended. Therefore, the current request cannot be determined as medically appropriate. Additionally noted, there is no documentation of an exhaustion of conservative treatment prior to the request for surgical intervention. Based on the clinical information received, the request is non-certified.

Assistant surgeon: 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.

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.