MAXIMUS Federal Services

Case Number:	CM14-0008864		
Date Assigned:	02/14/2014	Date of Injury:	12/10/2012
Decision Date:	08/13/2014	UR Denial Date:	01/06/2014
Priority:	Standard	Application Received:	01/23/2014

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 Minnesota and South Dakota. 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 patient is a 42 year old male with a 12/10/13 date of injury, when he lifted a 30 lb object and experienced low back pain. The 12/24/13 progress note described ongoing low back pain, with tenderness bilaterally at L5-S1, however intact strength. Lumbar MRI revealed lateral recess stenosis and disc herniation from L3 through S1, and advanced degeneration with discogenic collapse at L5-S1. Treatment to date has included 12 PT session, ESI, activity modification, and medication. 10/16/13 Progress note described no focal neurological deficits, and improvement from ESI (9/26/13). The 6/27/13 EMG/NCV studies were unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 HEMILAMINECTOMY, MICRODISCECTOMY L3 THROUGH S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter; fusion ODG's.

Decision rationale: Medical necessity for the requested lumbar decompression is not established. This request obtained an adverse determination due to lack of clinical radicular

findings. The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and corroborating imaging/ electrodiagnostic testing. Clinically, there are no specific focal neurological deficits, confirming radiculopathy. Electrodiagnostic testing was unremarkable. The request remains unsubstantiated.

1-2 DAY INPATIENT STAY AT [redacted]: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG hospital length of stay (LOS) guidelines: Lumbar Spine.

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

1 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: AAOS Position Statement Reimbursement of the First Assistant at Surgery in Orthopaedics.

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

1 PRE-OPERATIVE CLEARANCE TO INCLUDE CONSULTATION, LABS, CHEST X-RAY AND EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Low Back Chapter.

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

1 TEC SYSTEM ICELESS COLD THERAPY UNIT WITH DVT AND LUMBAR WRAP: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, 308.

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