

Case Number:	CM14-0102520		
Date Assigned:	07/30/2014	Date of Injury:	04/07/2009
Decision Date:	09/11/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/02/2014

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 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 claimant is a 60-year-old gentleman who injured his back on April 7, 2009. Clinical records available for review include a May 14, 2014, progress report documenting low back pain and radiating pain to the knee, greater on the right than the left. Physical examination showed intact dermatomal sensation with no focal motor or reflexive change. The records document that a previous MRI scan showed facet disease at the L4-5 level but no indication of acute compressive pathology. The MRI report itself was not provided. The records do not reflect recent physical therapy or treatment with injections. No other imaging studies or documentation of related clinical findings are available for review. Based on a diagnosis of neurogenic claudication, this request is for: an L4-5 decompression; preoperative cardiac clearance; preoperative clearance by the claimant's primary care physician; preoperative laboratory testing; a preoperative chest X-ray; and a preoperative EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 decompression surgical procedure: 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): 306.

Decision rationale: Based on California MTUS ACOEM Guidelines, surgical decompression at the L4-5 level would not be indicated. The reviewed records do not identify compressive pathology on imaging and no physical examination findings suggesting a radicular process. Absent clinical correlation between compressive findings on imaging study and physical examination findings of radiculopathy, the request for a bilateral decompression at the L4-5 level would not be supported as medically necessary.

Cardiac clearance for surgery: 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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for bilateral L4-5 decompression is not established as medically necessary. Therefore, the request for preoperative cardiac clearance is not medically necessary.

PCP clearance for surgery: 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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for bilateral L4-5 decompression is not established as medically necessary. Therefore, the request for preoperative clearance by the claimant's primary care physician is not medically necessary.

Pre-operative labs: 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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for bilateral L4-5 decompression is not established as medically necessary. Therefore, the request for preoperative laboratory testing is not medically necessary.

Chest X-ray for surgery: 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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for bilateral L4-5 decompression is not established as medically necessary. Therefore, the request for a preoperative chest X-ray is not medically necessary.

EKG for surgery: 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 American College of Occupational and Environmental Medicine (ACOEM), Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for bilateral L4-5 decompression is not established as medically necessary. Therefore, the request for a preoperative EKG is not medically necessary.