MAXIMUS Federal Services

Case Number:	CM14-0103350		
Date Assigned:	07/30/2014	Date of Injury:	10/02/2008
Decision Date:	10/28/2014	UR Denial Date:	06/19/2014
Priority:	Standard	Application Received:	07/03/2014

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 Spine Surgeon 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 66-year-old male who reported an injury on 10/02/2008 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker was evaluated on 05/02/2014, it was documented that the injured worker had lumbosacral pain radiating into the left lower extremity. The injured worker's medications included Voltaren. The injured worker's treatment history included 2 epidural steroid injections. The injured worker's diagnoses included lumbar sprain/strain, thoracic and lumbar neuritis, displaced intervertebral disc, and lumbago. A request was made for microscopic laminectomy, discectomy and repairs from the L3 to the L5. However, no justification for the request was provided. There was no Request For Authorization form submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L5 Microscopic Laminectomy, Discectomy and repairs: 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): 306.

Decision rationale: The American College of Occupational and Environmental Medicine recommend decompression of nerve roots when there is clinically evident radiculopathy supported by pathology identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review fails to provide an adequate examination of the injured worker to support that there are significant radicular findings consistent with the L3, L4 and L5 nerve root distributions. It appears that the clinical documentation submitted for review for 05/02/2014 was incomplete. Additionally, the clinical documentation failed to provide an MRI to support the request. The clinical documentation does not provide any evidence that the injured worker has undergone any type of physical restoration. It is noted that the injured worker underwent 2 epidural steroid injections; however, the results of those injections were not provided. Therefore, surgical intervention would not be supported in this clinical situation. As such, the requested L3-L5 Microscopic Laminectomy, Discectomy and repairs is not medically necessary or appropriate.

23-hour hospital 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Medical Clearance and Labs: 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: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.