MAXIMUS Federal Services

Case Number:	CM14-0108688		
Date Assigned:	08/01/2014	Date of Injury:	09/20/2012
Decision Date:	08/29/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/14/2014

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:

This is a 60-year-old gentleman who was injured in a work related accident on 09/20/12 when he fell stepping off of an object and experienced an acute onset of low back complaints. The clinical records provided for review include a progress report of 06/13/14 that noted continued low back and right leg complaints with weakness. Physical examination showed 5-/5 strength of the right anterior tibialis with equal and symmetrical trace reflexes at the Achilles and negative straight leg raising. The progress report documented that electrodiagnostic studies of 03/31/14 showed a right L5 radiculopathy and that a lumbar MRI from 03/17/14 showed disc bulging and facet arthropathy resulting in mild foraminal narrowing at L4-5. A small disc bulge was also noted at the L5-S1 level with mild retrolisthesis. The L3-4 level had a disc protrusion and foraminal narrowing more severe on the right than the left. It was documented that the claimant had failed conservative care that included medication management, activity restrictions and therapy, and surgery of a right sided L3 through 5 hemilaminectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-5 hemilaminectomy: 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 ACOEM Guidelines, the request for a right L3-5 hemilaminectomy cannot be supported as medically necessary. ACOEM Guidelines recommend surgical diskectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse. The documentation does not correlate the claimant's physical examination findings and testing to support the need of the two level surgery. While electrodiagnostic studies showed evidence of a L5 radiculopathy, there was no indication of compressive pathology at L3-4 to support the surgical request. Without clinical correlation between the surgical levels and examination, the acute need of process would not be indicated.

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: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPTÂ® Y/N Description 22630 Y Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar.

Decision rationale: The request for a right L3-5 hemilaminectomy cannot be supported as medically necessary. Therefore, the request for an assistant surgeon would also not be medically necessary.

Pre-operative labs 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004); Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for a right L3-5 hemilaminectomy cannot be supported as medically necessary. Therefore, the request for preoperative labs and EKG are also not medically necessary.

Post-operative physical therapy x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for a right L3-5 hemilaminectomy cannot be supported as medically necessary. Therefore, the request for twelve sessions of physical therapy is also not medically necessary.