

Case Number:	CM14-0016823		
Date Assigned:	04/11/2014	Date of Injury:	06/23/2012
Decision Date:	06/30/2014	UR Denial Date:	01/29/2014
Priority:	Standard	Application Received:	02/10/2014

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, has a subspecialty in Spinal Surgery and is licensed to practice in New York. He/she has been in active clin Spinal Surgery ical 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 49-year-old male who has chronic low back pain. The patient's date of injury is June 23, 2012. On the physical examination the patient has reduced range of lumbar motion. He walks with a cane. There is decreased sensation in L5 and S1. The patient also has a foot drop. There is significant weakness of the left leg across L5 distribution. The patient walks with a cane. The patient is diagnosed with lumbar discogenic disease spondylosis at L4-5 and L5-S1. MRI lumbar spine from July 2012 documents degenerative changes at L4-5 and L5-S1. MRI from 2013 documents degenerative changes at L4-5 and L5-S1. The surgery at L4-5 and L5-S1 levels are planned. At issue is whether preoperative consultation for Visco surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

VASCULAR CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: ACOEM OCCUPATIONAL MEDICINE PRACTICE GUIDELINES, 2ND EDITION, 2004, , 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF

Decision rationale: A Pre-op surgery consultation is not medically necessary. This patient scheduled for routine anterior two-level discectomy and fusion surgery. Preoperative consultation with a vascular surgery is not medically necessary. This operation is routinely performed with the assistance of the vastus surgeon for exposure. While the surgeon is routinely used during the operation for the exposure portion, preoperative consultation with the vascular surgeons only necessary if the patient has significant risk factors for vascular injury. The medical records indicate that this patient does not have any significant risk factors for vascular injury. Therefore preoperative consultation with the vastus surgeon is not medically necessary as per guidelines.