

Case Number:	CM14-0019042		
Date Assigned:	04/23/2014	Date of Injury:	06/04/2012
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 Orthopaedic Surgery and is licensed to practice in Pennsylvania. 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 58-year-old gentleman who injured the low back on 06/04/12. This was a slip and fall at work that resulted in multiple orthopedic injuries. The medical records provided for review pertaining to the claimant's lumbar spine include a report of electrodiagnostic studies dated 01/13/14 revealing chronic right L4 and L5 radicular findings. The follow up report by [REDACTED] on 01/21/14 revealed continued low back pain with radiating left lower extremity thigh and foot complaints. It states recent treatment has included chronic medication management and injections and physical examination showed left L4 and L5 dermatomal dysesthesias and 4 out of 5 weaknesses to the left EHL, tibialis anterior, and hamstring. The report of plain film radiographs on 01/08/14 revealed no evidence of instability. The report of a lumbar MRI from 2012 revealed multilevel degenerative changes resulting in central and neural foraminal stenosis of L2-3 through L5-S, most pronounced at the L4-5 level. Surgical intervention was recommended in the form of an L4-5 laminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 LAMINECTOMY: 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: Based on California ACOEM Guidelines the L4-5 laminectomy would not be indicated. While an L4-5 laminectomy and decompression is being recommended there is no clinical correlation between claimant's electrodiagnostic studies which show right sided findings and the claimant's current subjective complaints of the left lower extremity. When taking into account the imaging report from 2012 that showed multilevel degenerative process and no specific left sided compressive findings, the need for acute operative intervention at this stage in course of care would not be supported.

1 DAY INPATIENT 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 cite any medical evidence for its decision.

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

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

LUMBAR BACK BRACE: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

14-DAY RENTAL OF VASCUTHERM DVT UNIT: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.