

Case Number:	CM14-0019395		
Date Assigned:	04/21/2014	Date of Injury:	09/18/2000
Decision Date:	07/17/2014	UR Denial Date:	02/06/2014
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 Orthopedic Spinal Surgery and is licensed to practice in New York. 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 patient has chronic LBP and has had previous lumbar surgery. An MRI dated back to 2013 shows multilevel ddd and L2-L3 disc extrusion. At L4-L5 mild retrolishtesis and a small disc protusion rcurrrent. An EMG shows both L4 and L5 root abnormality. A physical examination showed normal neuro exam. The patient showed a possible need for revision L4-5 decompression surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION LEFT L4-5 FORAMINOTOMY, DISCECTOMY AND DECOMPRESSION:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Original Disability Guidelines. Lumbar Chapter.

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: page 305-307.

Decision rationale: This patient does not meet established criteria for revision lumbar decompression surgery at this time. Specifically, there is no documented neurologic deficit in the

lower extremities mentioned in the medical records. The imaging studies do not show any evidence of neural compression that is correlated with a specific neurologic deficit on physical examination. In addition, there is no documented radiographic evidence of instability. There are also no red flag indicators for spinal surgery to include fracture, tumor, or progressive neurologic deficit. Revision surgery for lumbar decompression is not medically necessary in this patient.

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 spinal surgery is not medically necessary, then all other associated items are not medically needed.

INTERNIST FOR SURGICAL MEDICAL CLEARANCE: 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 spinal surgery is not medically necessary, then all other associated items are not medically needed.

LABS FOR EKG, URINALYSIS, CHEST X-RAY: 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 spinal surgery is not medically necessary, then all other associated items are not medically needed.