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| Case Number: | CM14-0156907 | | |
| Date Assigned: | 09/26/2014 | Date of Injury: | 08/08/2013 |
| Decision Date: | 11/25/2014 | UR Denial Date: | 09/22/2014 |
| Priority: | Standard | Application Received: | 09/25/2014 |

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 61-year-old male who reported an injury on 08/08/2013 due to cumulative trauma while performing normal job duties. The injured worker's treatment history included bilateral decompression of the L3-4 level in 04/2014. The injured worker developed a re-exacerbation of pain and was evaluated on 09/19/2014. Physical findings included tenderness to palpation of the lumbar spine with a negative straight leg raising test and 5-/5 right sided quadriceps strength. The injured worker had decreased patellar reflex of the left lower extremity with decreased sensation in the L3 dermatomal distribution. The injured worker's diagnosis included recurrent disc herniation. The injured worker's treatment plan included surgical intervention. No Request for Authorization form was 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:

Corset: 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.

L4-L5 Laminectomy with facetectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines, Low Back, Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The requested L4-5 laminectomy and facetectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends decompression surgery when there is evidence of neural impingement upon clinical examination consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation indicates that the injured worker underwent surgical intervention for decompression of the L3-4 nerve root in 04/2014. The clinical documentation submitted thereafter did not provide any evidence of significant active therapy to assist with functional restoration and pain control. The injured worker's recent clinical evaluation did not provide any evidence of radicular findings consistent with the L4-5 dermatomal distribution. Furthermore, the clinical documentation submitted for review did not include an MRI postsurgically to support pathology at the L4-5 level. As such, the requested L4-5 laminectomy and facet is not medically necessary or appropriate.

L4-L5 laminectomy with facetectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The requested L4-5 laminectomy and facetectomy is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends decompression surgery when there is evidence of neural impingement upon clinical examination consistent with pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation indicates that the injured worker underwent surgical intervention for decompression of the L3-4 nerve root in 04/2014. The clinical documentation submitted thereafter did not provide any evidence of significant active therapy to assist with functional restoration and pain control. The injured worker's recent clinical evaluation did not provide any evidence of radicular findings consistent with the L4-5 dermatomal distribution. Furthermore, the clinical documentation submitted for review did not include an MRI postsurgically to support pathology at the L4-5 level. As such, the requested L4-5 laminectomy and facet is not medically necessary or appropriate.

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 primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative lab: CBC: 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.

Pre-operative lab: CMP: 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.

Pre-operative lab: PT/PTT: 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.