MAXIMUS Federal Services

Case Number:	CM14-0182628		
Date Assigned:	11/07/2014	Date of Injury:	07/08/2010
Decision Date:	12/18/2014	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/03/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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:

6/10/14 note reports the insured had medial branch blocks in lumbar spine with 70% improvement in pain. There is more pain in the low back that is aggravated by sitting and standing. Examination notes antalgic gait and use of a single point cane. There is positive facet loading with negative straight leg raise. There is 4/5 strength in the bilateral lower extremities. MRI lumbar spine reports DJD (degenerative joint disease) with facet arthropathy and retrolisthesis L2-3, L3-4, L4-5, and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Pre-operative laboratory works (Chem Panel, Complete Blood Count, Urinalysis, APTT, PT, Type and Screen): 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.

Associated surgical service: Pre-operative diagnostic testing (chest x-ray and echocardiogram): 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.

Right Micro lumbar Decompression at the L4-L5 and L5-S1 Levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back - Lumbar & Thoracic; Discectomy/Laminectomy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -lumbar, discectomy ODG Indications for Surgery

Decision rationale: The available medical records report pain and strength deficit in both legs with no reported correlation with neuroimaging findings. ODG guidelines support surgery in the event there is radicular pain with corroboration by physical examination and corroboration by neuroimaging and or neurophysiology testing. As such the medical records do not support the medical necessity of surgery.

Associated surgical service: Pre-operative Medical Clearance and History and Physical Examination: 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.