

Case Number:	CM14-0026090		
Date Assigned:	06/13/2014	Date of Injury:	11/01/1989
Decision Date:	08/11/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	03/03/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 67-year-old male was reportedly injured on November 1, 1989. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated January 8, 2014, indicated that there were ongoing complaints of low back pain radiating to the right lower extremity. No physical examination was performed. Diagnostic imaging studies were reported to show an L4-L5 right-sided disc herniation with significant residual stenosis at the previous surgical site. A revision laminectomy and fusion was recommended. A request was made for a revision laminectomy and fusion, preoperative medical clearance, and an assistant surgeon and was not certified in the pre-authorization process on February 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION LAMINECTOMY AND FUSION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back - lumbar and thoracic, Laminectomy, updated July 3, 2014.

Decision rationale: According to the most recent progress note dated January 8, 2014, the injured employee has low back pain with radicular symptoms and was recommended for a revision laminectomy and fusion. However this progress note and recent note prior did not indicate an objective physical examination to corroborate injured employee's symptoms and MRI findings. According to the Official Disability Guidelines, the injured employee's symptoms must be corroborated by both physical examination and imaging studies. Therefore, this request for a revision laminectomy and fusion is not medically necessary.

PRE OP CLEARANCE: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - lumbar and thoracic, Preoperative clearance, updated July 3, 2014.

Decision rationale: As the accompanying request for a lumbar spine laminectomy and fusion has been determined not to be medically necessary, so is this request for preoperative clearance.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back - lumbar and thoracic, Assistant surgeon, updated July 3, 2014.

Decision rationale: As the accompanying request for a lumbar spine laminectomy and fusion has been determined not to be medically necessary, so is this request for an assistant surgeon.