

Case Number:	CM14-0040699		
Date Assigned:	08/01/2014	Date of Injury:	04/20/2012
Decision Date:	09/11/2014	UR Denial Date:	03/24/2014
Priority:	Standard	Application Received:	04/07/2014

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 Neurological Surgery and is licensed to practice in California. 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 52-year-old female who was reportedly injured on April 20, 2012. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 18, 2014, indicated that there were ongoing complaints of neck and low back pains. The physical examination demonstrated a decreased cervical spine range of motion, tenderness to palpation in the cervical lumbar regions of the spine, a decreased upper and lower extremity motor function, a decreased upper and lower extremity sensory function and a negative Faber's test. Diagnostic imaging studies objectified degenerative changes of the left shoulder with no evidence of acute injury. Previous treatment included physical therapy, multiple medications, epidural steroid injections, enhanced imaging studies and pain interventions. A request was made for left L4-L5 hemilaminectomy, microdiscectomy and micro-decompression, medical clearance, general anesthesia, preoperative complete blood count (CBC), preoperative comprehensive metabolic panel (CMP), preoperative urinalysis (UA), preoperative chest x-ray, preoperative prothrombin time (PT), partial thromboplastin time (PTT), intraoperative monitoring and was not certified in the pre-authorization process on March 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 hemilaminectomy, microdiscectomy and micro-decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG-TWC), Low Back Chapter, Procedure Summary (last updated 03/18/2014), Indications for Surgery; discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: As outlined in the American College of Occupational and Environmental Medicine guidelines, decompression surgery is moderately recommended as an effective treatment for systematic spinal stenosis with neurogenic claudication. Also, this type of surgery was also indicated for those who have objectified radiculopathy. The progress notes do not demonstrate a magnetic resonance image showing a disc herniation causing nerve root compromise. There was no electro diagnostic evidence of a verifiable radiculopathy and the physical examination noted low back pain. Therefore, based on this markedly limited clinical assessment and medical records, presented for review, there insufficient data presented to establish the medical necessity of the surgical intervention.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15 62(2): 387-396.

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

General anesthesia: 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.

Preoperative complete blood count (CBC): 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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

Preoperative comprehensive metabolic panel (CMP): 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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

Preoperative urine analysis (UA): 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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

Preoperative 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

Decision rationale: In that the underlying surgical request is not medically necessary, there is no medical necessity for a preoperative blood work.

Preoperative Prothrombin time (PT)/Partial thromboplastin time (PTT): 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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

Intraoperative monitoring: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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

Postoperative physical therapy three times per week for four weeks for a total of 12 sessions: 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 Other Medical Treatment Guideline or Medical Evidence: Preoperative Evaluation Am Fam Physician. 2000 Jul 15; 62(2):387-396.

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