

Case Number:	CM14-0040865		
Date Assigned:	08/01/2014	Date of Injury:	03/14/2013
Decision Date:	08/29/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	04/08/2014

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 Surgery 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 58-year-old female who reported an injury on 03/14/2013 after being hit by a gurney while performing normal job duties. The injured worker reportedly sustained an injury to her low back. The injured worker's treatment history included medications, physical therapy, epidural steroid injections, psychological support and a transcutaneous electrical nerve stimulation (TENS) unit. The injured worker was evaluated on 02/14/2014. Physical findings included an abnormal gait, restricted range of motion of the lumbar spine, normal sensation in the left S1 dermatomal distribution, and decreased plantar flexion in strength of the left ankle with a positive straight leg raising test. The injured worker's diagnoses included a lumbar spine injury with active L5-S1 radiculopathy and marked L5-S1 muscle weakness on the left side. It was noted that the injured worker had positive findings on an imaging study and electrodiagnostic study. However, those reports were not submitted for review. A request was made for an FAR lateral discectomy and arthrodesis at the L2-3 and L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right FAR lateral discectomy and arthrodesis at the L2-3 and L3-4: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: The requested right FAR lateral discectomy and arthrodesis at the L2-3 and L3-4 are not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for injured workers with evidence of instability that have failed to respond to conservative treatment. The clinical documentation submitted for review does not provide any evidence of instability. The injured worker does have radicular symptoms correlative with the L2-3 and L3-4 levels. However, in the absence of diagnostic studies, the appropriateness of surgical intervention cannot be determined. As such, the requested right FAR lateral discectomy and arthrodesis at the L2-3 and L3-4 are not medically necessary or appropriate.

Posterior percutaneous rod placement at L2-L4: Upheld

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

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 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.

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

Preoperative echocardiogram (EKG): 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.