

Case Number:	CM14-0044460		
Date Assigned:	07/02/2014	Date of Injury:	02/22/2011
Decision Date:	08/01/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	04/11/2014

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, has a subspecialty in Spine 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 39-year-old male who reported an injury on 02/22/2011. The injured worker was reportedly working on conveyor belts when he twisted his lower back. Current diagnoses include chronic pain, L4-5 stenosis with claudication, L5-S1 intervertebral disc herniation with discogenic pain and S1 radiculitis, and features of vernal conjunctivitis. The injured worker was evaluated on 02/07/2014. Previous conservative treatment includes physical therapy, massage, acupuncture, medication management and epidural steroid injections. Physical examination revealed an antalgic gait, spasm of the dorsal lumbosacral paraspinous region, positive straight leg raising and intact sensation. Treatment recommendations at that time included a right-sided decompression of L4-S1, including the L5-S1 intervertebral disc with possible fusion and instrumentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Laminectomy and Disectomy, Medial Facetectomy and Possible Fusion and Instrumentation at the Levels of L4-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Laminectomy/Disectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy, Fusion.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower leg symptoms, activity limitations for more than 1 month, extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should reveal evidence of nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy and epidural steroid injections. There should also be evidence of a referral to physical therapy, manual therapy or a psychological screening. Preoperative surgical indications for a spinal fusion should include the identification and treatment of all pain generators, completion of all physical medicine and manual therapy interventions, documentation of spinal instability on x-rays and/or CT myelogram and completion of a psychosocial screening. As per the documentation submitted, the injured worker has exhausted conservative treatment; however, there were no imaging studies provided for this review. There was no documentation of spinal instability upon flexion and extension view radiographs. There was also no documentation of a psychosocial screening. Based on the clinical information received and the above-mentioned guidelines, the request is not medically necessary and appropriate.

Preoperative diagnostic studies (EKG, Chest X-ray and Pulmonary Gunction test): 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

preoperative request for 1 preoperative laboratory works-ups (CBC, Comprehensive Metabolic Panel, PT, PTT and Urinalysis): 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.

Preoperative 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary. Therefore, the request is not medically necessary and appropriate.