

Case Number:	CM14-0047149		
Date Assigned:	07/02/2014	Date of Injury:	09/20/2012
Decision Date:	08/06/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/15/2014

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 New York. 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 patient is a 59-year-old male with a date of injury September 20, 2012. He has chronic back pain. He's been treated medications, physical therapy, injections, and address. He's had epidural steroid injections with some benefit. Physical examination notes normal motor power, good heel toe walking. He has some decreased sensation at L5 on the right. EMG notes evidence of acute L5 radiculopathy although the test was done 19 months after the injury. The patient continues to have pain. MRI of the lumbar spine shows degenerative changes at multiple discs. There is a disc bulge at L3-4. There is a disc bulge at L4-5 and spurs at L5-S1. At issue is whether lumbar L5-S1 laminectomy and facetectomy medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient for One Day Length of stay for Posterior Lumbar Right L5-S1 Laminectomy and Facetectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 186.

Decision rationale: This patient does not meet establish criteria for lumbar decompressive surgery. Specifically there is no clear correlation between the patient's physical exam showing

specific radiculopathy that is clearly correlate with MRI imaging study showing specific compression of the nerve root. Since there is no correlation between the patient's physical examination and MRI imaging studies, lumbar decompressive surgery is not medically necessary. In addition, the patient does not have any red flag indicators for spinal decompressive surgery such as progressive neurologic deficit, tumor, or instability. Lumbar decompressive surgery is not medically necessary.

Walker With Front Wheels: 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.

Raised Toilet Seat: 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.

Grabber: 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.