

Case Number:	CM14-0068585		
Date Assigned:	07/16/2014	Date of Injury:	01/09/2013
Decision Date:	08/25/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/13/2014

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 64-year-old female who reported an injury on 01/09/2013. The mechanism of injury was not stated. Current diagnoses include lumbar stenosis, radiculopathy, spondylolisthesis at L5-S1, and disc extrusion at L5-S1. The injured worker was evaluated on 04/21/2014 with complaints of worsening lower back pain and bilateral leg pain. Previous conservative treatment includes anti-inflammatory medication, physical therapy, epidural steroid injection, and acupuncture. Physical examination on that date revealed a significantly antalgic gait, a loss of lumbar lordosis, tenderness to palpation with spasm, decreased range of motion, weakness in the bilateral lower extremities, diminished sensation in the L4 through S1 distributions, and positive straight leg raising. Treatment recommendations at that time included a 2 level stabilization and decompression procedure. A Request for Authorization was then submitted on 04/21/2014 for a posterior L4-5 and L5-S1 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar posterior L4-L5 and L5-S1 Discectomy, Decompression, stabilization and Coflex instrumentation with Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305, 307, 310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter, Fusion: Spinal.

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/Laminectomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy, there should be objective evidence of radiculopathy. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. As per the documentation submitted, the injured worker has exhausted conservative treatment, and does demonstrate radiculopathy upon physical examination. However, there were no imaging studies provided for this review. Therefore, the injured worker does not currently meet criteria as outlined by the above-mentioned Guidelines. As such, the request for Lumbar posterior L4-L5 and L5-S1 Discectomy, Decompression, stabilization and Coflex instrumentation with Neuromonitoring is not medically necessary.

Pre-op med 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 (surgical procedure) is not medically necessary, none of the associated services are medically necessary.

Surgical assistant: 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 (surgical procedure) is not medically necessary, none of the associated services are medically necessary.

LSO Lumbar Brace: 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: ASince the primary procedure (surgical procedure) is not medically necessary, none of the associated services are medically necessary.

Inpatient Hospital Stay x 4 days: 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 (surgical procedure) is not medically necessary, none of the associated services are medically necessary.