

Case Number:	CM14-0070091		
Date Assigned:	07/14/2014	Date of Injury:	05/01/1995
Decision Date:	10/24/2014	UR Denial Date:	05/09/2014
Priority:	Standard	Application Received:	05/15/2014

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 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 records presented for review indicate that this 53 year-old individual was reportedly injured on 5/1/1995. The most recent progress note, dated 6/4/2014, indicates that there were ongoing complaints of low back pain that radiates into the bilateral lower extremities. The physical examination is from 4/24/2014. It states patient walks with a limping gait. No tenderness to palpation of the lumbar spine. Range of motion flexion 70, extension 20, axial rotation 20 bilaterally, lateral flexion 20 bilateral, negative straight leg raise bilaterally reflexes 2+ equal bilaterally. No sensory deficits noted on physical examination. No motor atrophy noted on physical examination of the bilateral lower extremities. Diagnostic imaging studies include a CT myelogram from 3/21/2014 which revealed degenerative changes at T12-L1-L4-5 with bulges. Mild stenosis L3-4 and L4-5. Previous treatment includes injections, medications, physical therapy, and referral to pain management. A request had been made for lumbar laminectomy, assistant surgeon, pre-op medical clearance, and lab work and was not certified in the pre-authorization process on 5/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy and Foraminotomy with I-O flex: Upheld

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

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: Low Back Disorders; Clinical Measures, Surgical Considerations (ACOEM Electronic Version).

Decision rationale: CA MTUS guidelines state, Decompression surgery is moderately recommended as an effective treatment for patients with symptomatic spinal stenosis (neurogenic claudication) that is intractable to conservative management. After review of the medical records provided, it is noted that there is some mild stenosis in the lumbar spine, however the patient is not symptomatic. Therefore, without significant findings in the history of present illness or objective physical exam findings this request is not medically necessary at this time.

Assistant Surgeon: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back-Lumbar and Thoracic. Acute and Chronic. Assistant Surgeon.

Decision rationale: ODG recommends an assistant surgeon as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. After review of the medical records provided, the requested surgical procedure has not been authorized at this time. Therefore, the request for assistant surgeon is not medically necessary.

Pre-operative medical clearance to include CBC, PT, PTT and UA: Upheld

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

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: the Merck manual. Preoperative evaluation: care of the surgical patient.

Decision rationale: CA MTUS and ODG do not specifically address this issue, therefore, alternative medical references were used for citation. Routine preoperative evaluation vary substantially from patient to patient depending on the patient's age, general health, and risks of the procedure. After review of the medical records provided the requested surgical procedure has not been authorized at this time. Therefore, the request for preoperative clearance with lab work is not medically necessary

