

Case Number:	CM14-0075077		
Date Assigned:	08/06/2014	Date of Injury:	02/22/2013
Decision Date:	09/17/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/22/2014

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 Spine 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 53-year-old male who reported an injury on 02/22/2013. The injured worker reportedly felt a sudden pop in his lower back while changing a tire. The current diagnoses include bilateral L5 radiculopathy and significant foraminal stenosis at L4-5. The injured worker was evaluated on 03/21/2014. It is noted that the injured worker has been previously treated with epidural steroid injections, interventional pain management, rest and physical therapy. The injured worker is also status post left knee meniscus surgery. The current medication regimen includes over the counter sleep aids, as well as Motrin. Physical examination revealed no acute distress, slightly diminished strength in the lower extremity, positive straight leg raising bilaterally and limited lumbar range of motion with pain. Treatment recommendations at that time included a minimally invasive L4-5 decompression with interspinous prosthetic device. A Request for Authorization Form was then submitted on 04/17/2014 for a minimally invasive L4-5 decompression with interspinous prosthetic device. The injured worker underwent electrodiagnostic studies on 05/29/2013, which indicated mild left L5 radiculopathy. The injured worker also underwent an MRI of the lumbar spine on 04/04/2014, which indicated a 3 mm disc bulge L4-5 resulting in minimal left foraminal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Minimally Invasive L4-L5 decompression with Interspinous Prosthetic Device: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Indications for surgery.

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: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be 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 failure of conservative treatment. The Official Disability Guidelines state prior to discectomy/laminectomy there should be objective evidence of radiculopathy. Imaging studies should indicate nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy or a psychological screening. As per the documentation submitted, the injured worker has exhausted conservative treatment in the form of epidural steroid injection, interventional pain management, rest and physical therapy. The injured worker does maintain electrodiagnostic evidence of mild L5 radiculopathy. The MRI of the lumbar spine on 04/04/2013, does indicate minimal left foraminal narrowing at L4-5. However, the medical necessity for interspinous devices has not been established. Therefore, the current request cannot be determined as medically appropriate. As such, the request is not medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Academy of Orthopedic Surgeons (AAOS) Position Statement reimbursement of the First Assistant at Surgery in Orthopedics.

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.

Intraoperative Monitoring: Upheld

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

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.

In-patient days, 2-3 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital length of stay guidelines.

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.

Pre-operative clearance: History and Physical: Upheld

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

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.

Pre-operative clearance: EKG: Upheld

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

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.

Pre-operative clearance: Chest Xray: Upheld

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

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.

Pre-operative clearance: labs (unspecified): Upheld

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

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.