MAXIMUS Federal Services

Case Number:	CM14-0008900		
Date Assigned:	02/12/2014	Date of Injury:	06/04/2013
Decision Date:	01/02/2015	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/21/2014

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 06/04/2013. The current diagnoses include lumbar strain with sciatica, lumbar stenosis and scoliosis, and lumbar degenerative disc disease. The mechanism of injury involved heavy lifting. Previous conservative treatment includes physical therapy, home exercise, medication management, and epidural steroid injection. The injured worker presented on 12/18/2013 with complaints of lower back pain affecting the left leg and foot. The injured worker also reported soreness, numbness, and tingling. Physical examination revealed 30 degree flexion, 15 degree extension, 15 degree right and left lateral bending, stiffness, weakness, and numbness in the lower extremities. Treatment recommendations included a decompression and interbody fusion and L2-3, L3-4 and L4-5 with a Laminectomy at L3 and L4. A Request for Authorization Form was then submitted on 12/19/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRE OPERATIVE MEDICAL CLEARANCE: 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), LOW BACK-LUMBAR AND THORACIC (ACUTE AND CHRONIC) CHAPTER

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

LUMBAR BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG), LOW BACK CHAPTER

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Laminectomy L3 and L4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LOW BACK COMPLAINTS Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The ACOEM Guidelines indicate that a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. There should be a documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short- and long-term from surgical repair. There should be a documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There was no MRI or EMG/NCV study to support that there was clear imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the long- and short-term from surgical repair. Given the above, the request for a laminectomy at L3 and L4 is not medically necessary.