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| Case Number: | CM14-0191333 | | |
| Date Assigned: | 11/25/2014 | Date of Injury: | 03/26/2013 |
| Decision Date: | 01/31/2015 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/17/2014 |

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, has a subspecialty in Spine 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 female with a date of injury of March 26, 2013. She has chronic back pain. She injured her back while lifting a heavy object. Electrodiagnostic studies from 2014 show decreased motor response in the peroneal nerve that may be due to bilateral L5-S1 radiculopathy. MRI the lumbar spine shows mild disc degeneration without spondylolisthesis and without compression. There is mild L4-5 spinal canal stenosis. There is no evidence of neuroforaminal narrowing at any lumbar level on MRI imaging. The patient continues to have back pain despite conservative measures that included medication. Patient also has had acupuncture. Physical therapy increased her pain. On physical examination patient has tenderness of the lumbar spine. She has increased patella and Achilles reflexes. Straight leg raise is positive bilaterally. At issue is whether lumbar surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar decompression at the bilateral L4 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: This patient does not meet established criteria for lumbar decompressive surgery. Specifically there is no clear correlation between MRI imaging studies and physical examination. There is no clearly documented lumbar radiculopathy. There is no clearly documented compression of the lumbar nerve roots on MRI imaging studies. Lumbar decompressive surgery is not medically necessary at any lumbar level.

Microlumbar decompression at the bilateral L5 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: This patient does not meet established criteria for lumbar decompressive surgery. Specifically there is no clear correlation between MRI imaging studies and physical examination. There is no clearly documented lumbar radiculopathy. There is no clearly documented compression of the lumbar nerve roots on MRI imaging studies. Lumbar decompressive surgery is not medically necessary at any lumbar level.

Microsurgical techniques requiring the use of an operating microscope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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: MTUS low back pain chapter page 186 and 187

Decision rationale: This patient does not meet established criteria for lumbar decompressive surgery. Specifically there is no clear correlation between MRI imaging studies and physical examination. There is no clearly documented lumbar radiculopathy. There is no clearly documented compression of the lumbar nerve roots on MRI imaging studies. Lumbar decompressive surgery is not medically necessary at any lumbar level.

Pre-op Chest X-ray: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op Blood Draw and handling/type/screen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Thyroglobulin antibody: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Chem Panel: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Complete Blood Count (CBC): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Urinalysis (UA): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Activated Partial Thromboplastin Time (APPT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Prothrombin Time (PT): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-op EKG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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.

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS low back pain chapter page 186 and 187

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.