MAXIMUS Federal Services

Case Number:	CM14-0192793		
Date Assigned:	11/26/2014	Date of Injury:	04/01/2013
Decision Date:	01/13/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	11/18/2014

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 Surgeon 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 injured worker is a 43-year-old male who reported an injury on 04/01/2013. The mechanism of injury was listed as a slip and fall. Diagnostic imaging included an official MRI, completed on 06/10/2013, and documented lumbar spondylosis at L3-4, L4-5, and L5-S1 with disc protrusions at L5-S1 and L4-5. An additional official MRI was completed on 06/19/2014 that documented further degeneration of spondylosis from L3-S1 with disc protrusions from L3-S1. Injured worker's pertinent surgical history was not provided within the submitted medical records. Other therapies were noted to include a home exercise program, physical therapy, and epidural steroid injections. Current medications were noted to include Prilosec, Naproxen, Norflex, Ultracet, and Lidoderm patches. The most recent PR-2 report on 10/22/2014 documented the injured worker was complaining of a declining condition in which the injured worker noted increased lumbar spine pain. Physical exam noted the injured worker had a decreased range of motion of the lumbar spine. Deep tendon reflexes were noted to be symmetrical at the knees and ankles with motor strength rated 5/5. A Request for Authorization was not provided within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided laminectomy/discectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: The request for right sided laminectomy/discectomy is not supported as medically necessary from the submitted medical records. The California MTUS/ACOEM Guidelines state that clinicians should consider referral for a psychological screening to include surgical outcomes prior to surgical interventions of the lumbar spine. Guidelines then go on to say those direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. Guidelines also state that referral for surgical consultations for spinal surgery for injured workers includes that there should be severe and disabling lower leg symptoms in a distribution consistent with the abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be also be documentation of failure of conservative treatment to resolve disabling radicular symptoms. Within the submitted medical records, it was noted the injured worker had previously attended physical therapy and was able to return to work without restrictions. However, there was no further documentation with the most recent exacerbation of pain that the injured worker had attended any supervised physical therapy beyond a home exercise program. In addition, the physical exam findings failed to establish a medical necessity, as there was no documentation of objective neurological deficits. The only deficits noted in the lumbar spine upon physical were a decreased range of motion. Without further documentation to address the aforementioned deficiencies outlined in the review, the request at this time is not supported by the guidelines. As such, the request is not medically necessary.

Associated surgical service: Inpatient hospital stay x 1 day: Upheld

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

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.