

Case Number:	CM14-0206023		
Date Assigned:	12/18/2014	Date of Injury:	09/25/2008
Decision Date:	02/09/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/09/2014

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 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 48-year-old male who has chronic neck and back pain. MRI lumbar spine from September 2014 shows L4-5 right-sided disc herniation. There is improvement of the left L5-S1 disc herniation on the left side. The patient remains symptomatic with back pain and bilateral leg pain. On physical examination there is reduced neck range of motion. Neurologic examination of the upper extremities reveals no motor weakness. There is decreased sensation in the left hand. Range of motion of the lumbar spine is limited. Neurologic exam shows some weakness of the EHL bilaterally which are 4+ over 5. There is decreased sensation of the left calf the left foot. Reflexes are 2+. There is tenderness palpation of the lumbar spine. At issue is whether lumbar decompressive surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy possible fusion at L4-L5 on the right side: 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 - Lumbar & Thoracic (Acute & Chronic)

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, pages 305-322.

Decision rationale: This patient does not meet criteria for lumbar decompression or lumbar fusion. Specifically there is no clear correlation between MRI imaging study showing specific compression of nerve roots and physical exam showing specific radiculopathy. In addition is no documentation of lumbar instability fracture or tumor. There is no red flag indicators for spinal decompression or fusion surgery such as fracture, tumor, or progressive neurologic deficit. There is no documentation a recent trial of failure physical therapy. Criteria for lumbar decompression and fusion surgery not met.

Microdiscectomy possible fusion at L5-S1 on the left side: 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 - Lumbar & Thoracic (Acute & Chronic)

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, pages 305-322.

Decision rationale: This patient does not meet criteria for lumbar decompression or lumbar fusion. Specifically there is no clear correlation between MRI imaging study showing specific compression of nerve roots and physical exam showing specific radiculopathy. In addition is no documentation of lumbar instability fracture or tumor. There is no red flag indicators for spinal decompression or fusion surgery such as fracture, tumor, or progressive neurologic deficit. There is no documentation a recent trial of failure physical therapy. Criteria for lumbar decompression and fusion surgery not met.

3 day inpatient stay at [REDACTED]: 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 - Low Back - Lumbar & Thoracic (Acute & Chronic)

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 cite any medical evidence for its decision.

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.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid Services, Physician Fee Schedule Search

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

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Corset: 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, Low Back - Lumbar & Thoracic (Acute & Chronic)

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.

Elevated seat: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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.