

Case Number:	CM15-0192315		
Date Assigned:	10/06/2015	Date of Injury:	11/08/1999
Decision Date:	12/01/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	09/30/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This injured worker is a 68 year old male who reported an industrial injury on 11-8-1999. His diagnoses, and or impressions, were noted to include lumbar spinal stenosis; and lumbosacral disc degeneration. No imaging studies were noted; magnetic resonance imaging studies of the lumbar spine were said to be done on 12-5-2012 & 10-15-2014. His treatments were noted to include: radio-frequency denervation of the bilateral lumbosacral facet joints (6-29-15); physical therapy - ineffective; and mediation management. The progress notes of 9-8-2015 noted a follow-up visit with complaints which included: continued difficulties with activities, following 4 rhizotomies which provided mild, but temporary, relief; and continued diffuse, bilateral low back pain that radiated down the legs, with new-onset of pain > in the left lateral posterior leg, all the way down to the top of knee. The objective findings were noted to include: a slightly antalgic gait on the left; decreased sensation along the lumbar 4 dermatome; and the impression for worsening lumbar 4 radiculopathy with history of lumbar 3-4 stenosis and herniation, and distant history of lumbosacral "IDET". The physician's requests for treatment were noted to include decompression of lumbar 3-4 laminectomy and repeat magnetic resonance imaging studies of the lumbar spine. The Request for Authorization, dated 9-14-2015, was noted for lumbar 3-4 laminectomy, outpatient, and standard pre-operative clearance studies. The Utilization Review of 9-18-2015 non-certified the request for: lumbar 3-4 laminectomy-decompression with pre-operative clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy/decompression L3-4: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery - Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: CA MTUS/ACOEM Low back complaints, pages 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there is no evidence in the records submitted that the updated MRI of the lumbar spine has been obtained and reviewed from the exam note of 9/8/15. Therefore the guideline criteria have not been met and request is not medically necessary.

Pre-operative labs (unspecified): 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.

Pre-operative electrocardiogram (EKG): 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.

Pre-operative chest X-ray: 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.

Associated surgical service: 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.