

Case Number:	CM15-0043665		
Date Assigned:	04/13/2015	Date of Injury:	09/13/1989
Decision Date:	05/06/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/09/2015

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: New York

Certification(s)/Specialty: Neurological 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:

The injured worker is a 61-year-old male patient who sustained an industrial injury on 09/13/1989. Prior diagnostic testing to include: magnetic resonance imaging (MRI). A primary treating office visit dated 03/05/2014 reported current medications are: Temezapam, Baclofen, and Hydrocodone/APAP 10/325mg. The patient is with progressively worsening lumbar pain and sciatic pain. He is also in need of medication refills. Of note, the patient reports being "cut off" from his chronic narcotic treatments which have previously caused gastric upset along with worsening symptomology. He has the subjective complaint of increased pain due to no longer taking narcotics. The patient attempted to undergo a magnetic resonance imaging study but noted unable to deal with claustrophobic feelings. The assessments noted degenerative disc disease, acute sciatica, chronic lumbosacral pain, and long term current use of Opiate analgesia. Furthermore, treating the degenerative disc disease by prescribing Ketopro gel, Biofreeze gel, MRI under sedation and follow up visit in three months. He is advised to continue daily stretching and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 left laminectomy/neural foraminotomies for decompression and possible discectomy at L4-5 on the left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305-6.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms. The documentation shows this patient has been complaining of chronic low back and radicular pain. Documentation does not disclose disabling lower extremity symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. Documentation does not show this evidence. The examination findings in February, March and May of 2014 remain unchanged. The requested treatment is for a lumbar laminectomy, neural foraminotomies, decompression and possible discectomy. MRI scan report of 11/24/14 notes broad based disc bulges at L4-5 and L5-S1, not disc herniations. The requested treatment: L4-5 and L5-S1 left laminectomy/neural foraminotomies for decompression and possible discectomy at L4-5 on the left is not medically necessary and appropriate.

Pre-operative clearance for exam and H&P: 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: Labs; CMP, CBC, PT/INR, PTT, Type & Screen, MRSA Swab, MRSSA Swab: 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 Urinalysis with Culture if indicated: 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: 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.

Associated Surgical Service: Anesthesia: 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.

C-Arm (mobile surgical X-ray machine): 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.

1 day Length of Stay to include Pre-op Nursing Services, Post Anesthesia Care Unit, Inpatient Nursing Services for Overnight Duty: 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.

Post-op follow-up 4-12 visits: 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: Internal medicine will do 1 I/P round: 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.

Neurosurgery post op follow up at 1 week, 2 week, and 1 month office visits: 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.

Percocet 7.5/325 #60 1-2 tabs PO every 8 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen Page(s): 92,78.

Decision rationale: The California MTUS guidelines p.92 note that Oxycodone should initially be administered 2.5 to 5 mg every four to 6 hours. The guidelines p78 further recommend that the lowest possible dose to gain effect should be chosen. In the management of the patient receiving opioids, the guidelines also recommend the patient keep a diary and the provider monitor the patient for physical and psychosocial functionality and side effects. Documentation does not provide this evidence. The requested treatment oxycodone 7.5/325mg #60 is not medically necessary and appropriate.

Associated Surgical Service: Suture and staple removal at week 2 appointment: 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: Dressing change supplies (BID x1 week with 4x4 gauze and tape): 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.

Post-op X-Rays of lumbar spine x4: 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.