

Case Number:	CM15-0049677		
Date Assigned:	03/23/2015	Date of Injury:	06/08/2001
Decision Date:	05/12/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	03/16/2015

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: Texas

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:

The injured worker is a female who reported an injury on 06/08/2001 due to an unspecified mechanism of injury. She is noted to have a prior history of an L4-5 laminectomy and debridement on 08/30/2002 and L3-5 anterior fusion on 09/17/2009. The most recent provided medical record dated 02/09/2015 indicates that the injured worker was seen for a follow-up evaluation and complained of neck pain from postoperative care. She noted that her back was burning. On examination, there was pain with range of motion and low back spasm that was noted to be constant. Sensation was noted to be diminished in the legs. She was diagnosed with degenerative disc disease of the lumbar spine. It should be noted that the document provided was handwritten and illegible. The treatment plan was for 1 posterior decompression and instrumentation at the T10-S1 level and decompression at the L2-4 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

ASSOCIATED SURGICAL SERVICES-PRE-OPERATIVE LABORATORY WORKS AND ELECTROCARDIOGRAM: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM CHAPTER 7.

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 SERVICES-1 SPINAL MONITORING: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM CHAPTER 7.

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 SERVICES-2 DAYS INPATIENT STAY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM CHAPTER 7.

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 SERVICES-1 ASSISTANT SURGEON: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ACOEM CHAPTER 7.

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 POSTERIOR DECOMPRESSION AND INSTRUMENTATION AT THE T10-S1 LEVEL AND DECOMPRESSION AT THE L2-L4 LEVEL: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 307.

Decision rationale: The California MTUS/ACOEM Guidelines indicate that a surgical consultation may be indicated for those who have severe and debilitating lower leg symptoms in a distribution consistent with abnormalities on imaging studies with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The documentation provided does not indicate that the injured worker has tried and failed recommended conservative therapies such as medications, physical therapy, and injections to support the request for a surgical intervention. Also, no official imaging studies or electrodiagnostic studies were provided for review to validate that the injured worker has a lesion that has been shown to benefit from surgical repair. Also, it is unclear from the illegible documentation whether the injured worker has neurological deficits in a distribution consistent with the requested levels to support the request. Without this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.