

Case Number:	CM15-0059668		
Date Assigned:	04/16/2015	Date of Injury:	01/20/2000
Decision Date:	05/15/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/30/2015

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: 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 62-year-old female, with a reported date of injury of 01/20/2000. The diagnoses include thoracic disc herniation with lower extremity weakness and myelopathy; lumbar disc herniation with segmental instability and moderate to severe spinal stenosis; and severe thoracic spinal stenosis due to multi-level protrusions. Treatments to date have included an MRI of the thoracic spine, an MRI of the lumbar spine, and a wheelchair. The progress report dated 01/28/2015 indicates that the injured worker had ongoing problems. The objective findings include tenderness along the right superior iliac crest and right sciatic notch. It was noted that the injured worker's neurologic deficits had been progressively worsening. She had progressive weakness, numbness, tingling, and generalized myelopathy in her lower extremities. The treating physician requested T4-9 and L3-5 laminectomy/discectomy; an assistant surgeon; two-day inpatient stay; pre-operative clearance; pre-operative labs; pre-operative urinalysis; pre-operative chest x-ray; and pre-operative EKG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy/ Discectomy T4-T8, L3-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 01/30/2015).

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

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms supported by objective physical exam, imaging findings to correlate compression of specific nerve root or spinal cord level. The documentation shows this patient has been complaining of pain in the neck and back. The provider states the patient has myelopathic findings but the deep tendon reflexes are absent in the legs, no clonus is described or spasticity. Documentation does not disclose any measurements to define atrophy. 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 requested treatment is for a multilevel thoracic laminectomy and discectomy but no sensory level is described or myelopathic changes in the spinal cord on the MRI scans. The requested treatment: Laminectomy/ Discectomy T4-T8, L3-L5 is not medically necessary and appropriate.

Pre-op EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 01/30/2015).

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 Chest X-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 01/30/2015).

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 Urinalysis: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 01/30/2015).

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 CBC, CMP, PT/PTT: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 01/30/2015).

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 Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id=48408>.

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: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic (Acute and Chronic) (updated 01/30/2015).

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: In patient for 2 days: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) , Low Back - Lumbar & Thoracic (Acute and Chronic) (updated 01/30/2015).

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.