

Case Number:	CM14-0133653		
Date Assigned:	08/22/2014	Date of Injury:	10/30/2003
Decision Date:	10/14/2014	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/18/2014

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 Texas. 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 injured worker is a 76-year-old male who reported an injury on 10/30/2003 due to cumulative trauma while performing normal job duties. The injured worker reportedly sustained an injury to multiple body parts and systems to include his low back. The injured worker ultimately underwent lumbar spine decompression and stabilization at the L4-S1. The injured worker developed adjacent segment disease at the L2-4. The injured worker was evaluated on 01/31/2014. It was documented that the injured worker's postsurgical treatment history had included epidural steroid injections and medications. Physical findings included decreased sensation of the left lower extremity with a positive right sided straight leg raising test, and 4/5 strength in the right quadriceps. It was noted that the injured worker had an x-ray that documented degenerative changes at the L3-4. An MRI was requested. The injured worker was evaluated on 07/14/2014. It was documented that the injured worker had undergone a CT scan and an MRI in 02/2014. However, independent results of the imaging studies were not provided for review. The injured worker's treatment plan included lumbar decompression of the L2-4 with stabilization from the L2-4 and removal of hardware from the L4-S1 to explore for presence of nonunion. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-2 day inpatient LOS with revision lumbar decompression consisting of laminectomy and discectomy at L2-L4 and hardware removal L4-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Comp 18th edition, 2013 updates, Low Back Chapter

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

Decision rationale: 1-2 day inpatient LOS with revision lumbar decompression consisting of laminectomy and discectomy at L2-L4 and hardware removal L4-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommend fusion surgery for clinically evident radiculopathy and instability identified on an imaging study that has failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has undergone epidural steroid injections that have failed to provide lasting relief. Additionally, the clinical documentation submitted for review does indicate that the injured worker has radicular symptoms. However, the clinical documentation submitted for review did not provide an independent imaging study to support the request. In the absence of this information, the appropriateness of the request cannot be determined.