MAXIMUS Federal Services

Case Number:	CM14-0150081		
Date Assigned:	10/10/2014	Date of Injury:	07/11/1993
Decision Date:	03/05/2015	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/15/2014

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. 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 73-year-old male who reported an injury on 07/11/1993. The mechanism of injury was due to a slip and fall. His diagnoses included displacement of intervertebral disc, unspecified. Past treatments included medications, epidural steroids, physical therapy, and chiropractic therapy. His surgical history included radiofrequency ablation to his heart, and cervical spinal fusion, dates not provided. Diagnostic studies were reviewed and indicated that the comparison of the MRIs dated 06/27/2005 and 07/05/2012 was noted to reveal an evolution of degenerative disc collapse and Mobic-type changes in the adjacent vertebral body segments at L5-S1 without stenosis and early grade 1 degenerative spondylolisthesis are L4-5. On 04/07/2014, the patient complained of low back pain with burning and tingling in the feet. He reported that the pain increases when he lies down at night. Physical examination revealed mild tenderness in the sacroiliac join areas, hip range of motion and straight leg raise did not provoke pain, and absent ankle reflexes and 1+ knee reflexes. Current medications were not noted. The treatment plan included an MRI and lab work. A request was received for surgery - spinal decompression at L4-5. The rationale for the request was not provided. The Request for Authorization form was signed 07/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery- spinal decompression at L4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Decompression.

Decision rationale: The request for surgery - spinal decompression at L4-5 is not medically necessary. The Official Disability Guidelines state that decompression is a surgical procedure that is performed to alleviate pain caused by pinched nerves. The report dated 04/07/2014 indicated that grade 1 degenerative spondylolisthesis was noted at L4-5. However, the official MRI report was not provided with the documentation. Given the absence of the information indicated above, the request is not supported. In addition, there was no documentation of a recent physical examination to confirm symptoms of spondylolisthesis. Therefore, the request is not medically necessary.