

Case Number:	CM15-0120616		
Date Assigned:	07/07/2015	Date of Injury:	08/05/2004
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/22/2015

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:

This 62 year old male sustained an industrial injury to the low back on 8/5/04. Previous treatment included lumbar laminectomy, facetectomy at L4-5 and L5-S1 with fusion at L4-5 (12/5/06), physical therapy, lumbar corset, home exercise and medications. Magnetic resonance imaging lumbar spine (10/9/14) showed disc desiccation with loss of disc height, facet arthropathy and mild foraminal stenosis. Computed tomography myelogram lumbar spine (3/20/15) showed prior lumbar fusion at L4-5 with bilateral L3-4 disc herniation and moderate central and right sided stenosis. In a progress note dated 6/8/15, the injured worker complained of right lower extremity pain and weakness that interfered with his walking. The physician noted that recent lumbar x-rays showed L4-5 solid fusion with no spondylolisthesis or dynamic instability and that the injured worker had positive electrodiagnostic studies. Current diagnoses included idiopathic low back pain and lumbar spine sprain/strain. The treatment plan included right L3-4 hemilaminotomy, medial facetectomy and discectomy with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 hemilaminotomy, medial facetectomy and discectomy: Upheld

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

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

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Right L3-4 hemilaminotomy, medial facetectomy and discectomy is not medically necessary and appropriate.

Associated surgical service: Assistant surgeon: 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: Pre-op clearance with cardiologist: 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: Length of Stay: outpatient: 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.