

Case Number:	CM15-0039127		
Date Assigned:	03/09/2015	Date of Injury:	06/20/1994
Decision Date:	04/20/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	03/02/2015

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: California
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 71 year old male, who sustained an industrial injury on June 20, 1994. He has reported neck pain, shoulder pain, and lower back pain. Diagnoses have included spondylolisthesis, strain/sprain of the lumbar spine, muscle spasm, lumbar spine stenosis and lumbar spine degenerative disc disease. Treatment to date has included heat, injections, and imaging studies. A progress note dated January 30, 2015 indicates a chief complaint of neck pain, left shoulder pain, and lower back pain. The treating physician documented a plan of care that included lumbosacral decompressive laminectomy with fusion with assistant surgeon and associated preoperative and postoperative treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 dicompresive laminectomy with fusion with MD assistant and 5 day hospital stay:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Section.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. Therefore, the guideline criteria have not been met and determination is for non-certification.

Office visits for surgery discussion: 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), Pain procedure summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Section.

Decision rationale: CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case the exam note from 01/30/15 does not demonstrate complex diagnosis, failure of non-operative management or objective findings to warrant a specialist referral. Therefore, the determination is for non certification. As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.