MAXIMUS Federal Services

Case Number:	CM15-0095919		
Date Assigned:	05/22/2015	Date of Injury:	12/21/1988
Decision Date:	07/22/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/18/2015

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 73 year old male patient who sustained an industrial injury on 12/21/1988. The injured worker is a retired police sergeant and the accident was described as while involved in a kidnapping high speed motor vehicle injury. A recent neurological consultation dated 04/27/2015 reported the patient with subjective complaint of having neck pain, low back pain which persists and the back pain is the limiting factor that is "destroying my life". Of note, he did state receiving an injection in the neck four years prior which decreased the sensation of paresthesia encountered. The patient has recently undergone lumbar consultation and cardiac clearance in preparation for lumbar decompressive laminectomy. The patient also stated about 10 years prior having a left shoulder tear with surgical intervention that showed persistent tear. Current medications are: Norco 10/325mg, and Omeprazole. The plan of care involved proceeding with L3-4, L4-5, L5-S1 laminectomy. Surgical consultation performed on 01/20/2015 gave an assessment of L3-4, L4-5 severe stenosis with neurogenic psuedoclaudication, ambulatory dysfunction, and alternating sciatica; L5-S1 foraminal stenosis with radiculopathy; congenital spinal stenosis; cervical degenerative disc disease, cardiac history with stents; Diabetes non-insulin dependent; peripheral neuropathy and several shoulder and knee procedures. Recommending surgical clearance to proceed with intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 laminectomy: Upheld

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

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. Such evidence is not provided by the documentation. 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: L3-S1 laminectomy is not medically necessary and appropriate.

Associated surgical services: 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.

Intraoperative neuromonitoring: 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 services: Lumbar back brace: 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 services: Vascutherm DVT unit: 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.