

Case Number:	CM13-0023549		
Date Assigned:	06/06/2014	Date of Injury:	02/23/2009
Decision Date:	07/14/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/12/2013

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 California. 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 42 year old male who sustained injury on 02/23/09 while on a ladder that was struck by a vehicle causing him to fall backwards on to the car, striking his head, back, elbows and right ankle. Prior conservative treatment included anti-inflammatory muscle relaxers and analgesics. The injured worker attended a course of physical therapy in 2009. It appeared the symptoms abated through 2011 as the injured worker returned to full work. It appeared the injured worker re-aggravated his injury while at work and was referred back to physical therapy for additional sessions. The injured worker had epidural steroid injections on 01/07/13, which provided significant relief for more than six weeks. The clinical documentation included multiple electro-diagnostic studies from August of 2012 and September of 2013 which were both negative for evidence regarding lumbar radiculopathy. MRI of the lumbar spine from 03/08/12 noted a two-millimeter disc bulge at L4-5 with a peripheral annular fissure that did not contribute to displacement of nerve roots or development of neural foraminal stenosis. There was minimal retrolisthesis with only subtle flattening of the ventral thecal sac. No canal stenosis or displacement of intrathecal nerve roots was noted. The most recent agreed medical evaluation from 12/20/13 discussed further treatment for the carpal tunnel syndrome findings. Previous agreed medical evaluation recommended additional epidural steroid injections for the lumbar spine and use of anti-inflammatory. The requested lumbar laminectomy medial facetectomy and foraminotomy with micro-discectomy at L4-5 and one-day inpatient injured worker stay and pre- operative testing was denied by utilization review on 08/20/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY, MEDIAL FACETECTOMY AND MICROFORAMINOTOMY WITH MICRODISCECTOMY AT L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: In regards to the requested lumbar laminectomy, medial facetectomy and microforaminotomy with microdiscectomy at L4-L5, this reviewer would not have recommended this requested surgery as medically necessary based on clinical documentation submitted for review and current evidence based guidelines as outline in the American College of Occupational and Environmental Medicine. The clinical documentation submitted for review would not support an ongoing active lumbar radiculopathy stemming from L4-5 to support surgical intervention. The most recent MRI of the lumbar spine noted very mild annular bulging at L4-5 without evidence of nerve root compromise. Electro-diagnostic studies were also negative for any evidence of ongoing lumbar radiculopathy. The recent agreed medical evaluations for this injured worker recommended further consideration for epidural steroid injections given the response to previous injections; however, the evaluation did not recommend any further surgical intervention. Given the lack of any imaging evidence or pertinent findings on electro-diagnostic studies for an active lumbar radiculopathy secondary to nerve root compromise, this reviewer would not have recommended the request.

1 DAY INPATIENT STAY AT HUNTINGTON MEMORIAL HOSPITAL: 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) LOW BACK CHAPTER, ININJURED WORKER HOSPITALIZATION.

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 CHAPTER, ININJURED WORKER HOSPITALIZATION.

Decision rationale: In regards to the requested one day injured worker stay, this reviewer would not have recommended this request as medically necessary as outlined by Official Disability Guidelines (ODG). The surgical request for this injured worker was not felt to be medically appropriate. Therefore, the requested one day inpatient injured worker stay was not medically necessary and would not have been recommended.

PRE-OPERATIVE TESTING: 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) LOW BACH CHAPTER, PRE-OPERATIVE TESTING, GENERAL.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACH CHAPTER, PRE-OPERATIVE TESTING, GENERAL.

Decision rationale: In regards to the requested pre-operative testing, this reviewer would not have recommended this request as medically necessary as outlined by Official Disability Guidelines (ODG). The surgical request for this injured worker was not felt to be medically appropriate. Therefore, the requested pre-operative testing was not medically necessary and would not have been recommended.