

Case Number:	CM13-0045261		
Date Assigned:	12/27/2013	Date of Injury:	04/21/2008
Decision Date:	05/30/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/12/2013

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 patient is a 51-year-old who injured his low back in a work related accident on April 21, 2008. The medical records provided for review include a September 23, 2013 MRI report that shows evidence of L4-5 disc protrusion, left lateral in nature with no obvious displacement of the exiting nerve root. The L4-5 level has a central disc extrusion with disc bulging extending into the neuroforamina with no nerve root compression as well. A follow-up progress report on October 21, 2013 indicated ongoing low back and bilateral lower extremity pain. Examination showed an antalgic gait pattern with weakness noted only to the left lower extremity at the EHL of 4/5 with diminished sensation to the lateral foot. The documentation indicates that the patient failed conservative treatment including medications, facet joint injections, epidural steroid injections and therapy. Surgical intervention was recommended in the form of a two level microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

A LUMBAR MICRODISCECTOMY AT L4-5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306..

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, a surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear. Based on the Low Back Complaints Chapter of the ACOEM Practice Guidelines, a two level microdiscectomy at the L4-5 and L5-S1 level would not be indicated. The most recent imaging from September, 2013, fails to demonstrate the presence of any specific compressive pathology at the L4-5 or L5-S1 level that would benefit from surgical intervention. The request for a lumbar microdiscectomy at L4-L5 and L5-S1 is not medically necessary or appropriate.

" Associated surgical service"- A ONE DAY INPATIENT HOSPITAL STAY: 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 or appropriate.

"Associated surgical service"- PREOPERATIVE MEDICAL CLEARANCE: 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 or appropriate.

"Associated surgical service"- A LUMBAR CORSET: 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 or appropriate.

"Associated surgical service"- AQUATIC THERAPY (8 SESSIONS): 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 or appropriate.

"Associated surgical service"- LAND BASED PHYSICAL THERAPY (12 SESSIONS):
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 or appropriate.

"Associated surgical service"- NEUROMONITORING TURELL: 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 or appropriate.