

Case Number:	CM13-0060270		
Date Assigned:	12/30/2013	Date of Injury:	04/16/2007
Decision Date:	05/12/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 48-year-old male who reported an injury on 04/16/2007. The mechanism of injury was not stated. Current diagnoses include bilateral lumbosacral radiculopathy, partial sacralization on the left at L5, status post L2-5 laminectomy and decompression, facet arthropathy, right S1 radiculopathy, possible SI joint dysfunction, and right L3-4 herniated nucleus pulposus. The injured worker was evaluated on 09/25/2013. The injured worker reported improvement with a left SI joint injection. The injured worker also reported improvement with a right L3-4 transforaminal epidural steroid injection. Physical examination revealed a well-healed lumbar incision, painful range of motion of the left hip, positive Faber's testing, tenderness to palpation over the SI joint, positive pelvic compression and distraction testing, weakness in bilateral lower extremities, diminished reflexes on the left, and diminished sensation in the dorsal aspect of the right foot and anterior right thigh. X-rays obtained in the office on that date indicated a laminectomy defect from L2-5 with partial sacralization of L5 on the left. Treatment recommendations included a repeat L3-4 transforaminal epidural steroid injection and possible right L3-4 microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

REVISION LUMBAR MICRODISCECTOMY, RIGHT L3-4: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter

Decision rationale: ACOEM Guidelines state surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, extreme progression of lower extremity symptoms, clear clinical and imaging evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy or laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, epidural steroid injection, physical therapy and manual therapy. There should also be evidence of a psychological screening. As per the documentation submitted, the injured worker has been previously treated with epidural steroid injections as well as intra-articular facet injections. However, there is no documentation of an exhaustion of conservative treatment including NSAID drug therapy, analgesic therapy, muscle relaxants, physical therapy, or manual therapy. There is also no documentation of a psychological screening. There were no imaging studies provided for this review. Based on the aforementioned points, the injured worker does not meet criteria for the requested procedure. As such, the request is not medically necessary and appropriate.

HOSPITAL STAY, ONE (1) NIGHT: 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.

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.

PRE-OP 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.

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.

AQUATIC PHYSICAL THERAPY, EIGHT (8) SESSIONS (2X4): 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.

LAND PHYSICAL THERAPY, TWELVE (12) SESSIONS (2X6): 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.