MAXIMUS Federal Services

| Case Number: | CM14-0002458 | | |
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| Date Assigned: | 01/24/2014 | Date of Injury: | 10/14/2009 |
| Decision Date: | 07/21/2014 | UR Denial Date: | 12/27/2013 |
| Priority: | Standard | Application Received: | 01/07/2014 |

## 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 54-year-old male who reported an injury on October 14, 2009. The mechanism of injury was not specifically stated. Current diagnoses include a cervical disc bulge with radiculitis, lumbar disc bulge with radiculitis, thoracic outlet syndrome and acquired kyphosis. The injured worker was evaluated on April 02, 2014. The injured worker reported persistent lower back pain with right lower extremity radiating symptoms. Previous conservative treatment includes three (3) lumbar epidural steroid injections and a home exercise program. Physical examination revealed tenderness to palpation, a limping gait, limited lumbar range of motion and positive straight leg raising. Treatment recommendations at that time included lumbar spine surgery with [redacted] The injured worker underwent an MRI of the lumbar spine on February 07, 2014, which indicated a 3mm central posterior disc protrusion with bilateral paracentral extension abutting on the L5 nerve roots at L4-5.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**L4-5 MICRODISCECTOMY AND DECOMPRESSION:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state a surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, extreme progression of symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion and a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy or laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Previous conservative treatment should include activity modification, drug therapy and epidural steroid injections. There should also be evidence of a referral for physical or manual therapy, or the completion of a psychological screening. According to the documentation submitted, the injured worker has been previously treated with several epidural steroid injections. However, there is no mention of an attempt at conservative treatment to include activity modification, drug therapy, physical therapy or manual therapy. Therefore, the injured worker does not currently meet criteria for the requested procedure. There was also no evidence of muscle weakness or atrophy upon physical examination. Based on the clinical information received, the request is not 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.

**A PRE-OPERATIVE 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.

**A ONE (1) 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.

**TRANSPORTATION TO AND FROM FACILITY:** 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.

**POST-OPERATIVE PHYSICAL THERAPY (34 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.

**AN OFF THE SHELF LUMBAR 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.

**A FRONT WHEEL WALKER:** 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.

**A HOME HEALTH EVALUATION:** 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.