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| Case Number: | CM14-0101446 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 08/29/2010 |
| Decision Date: | 12/30/2014 | UR Denial Date: | 06/18/2014 |
| Priority: | Standard | Application Received: | 07/01/2014 |

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 Spine Surgeon and is licensed to practice in Texas. 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 47-year-old female who reported an injury on 11/08/2010. The mechanism of injury was not specifically stated. The current diagnoses include cervicalgia, lumbago, unspecified thoracic/lumbosacral neuritis, and displaced cervical intervertebral disc. The latest physician progress report submitted for this review is documented on 04/22/2014. The injured worker presented with complaints of constant pain in the neck and lower back. The injured worker also reported intermittent shooting pain in the bilateral lower extremities with numbness in the bilateral hands and legs. The physical examination revealed positive trigger points in the lumbar spine, an antalgic gait, limited lumbar range of motion, and decreased sensation at the bilateral L4-S1 dermatomes. Treatment recommendations included an MRI of the lumbar spine. It is noted that the injured worker underwent an MRI of the lumbar spine on 05/05/2014, which revealed evidence of mild facet disease at L4-5 with a small disc bulge, small disc bulge at L5-S1 with mild bilateral facet disease, and no evidence of neural foraminal stenosis. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post-Operative PT 3x3 Bilateral Neck and Back: 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.

L4-S1 Outpatient Minimally Invasive Percutaneous Discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Percutaneous Endoscopic Laser Discectomy

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 referral for surgical consultation maybe indicated for patients who have severe and disabling lower extremity symptoms and activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state a discectomy/laminectomy may be indicated if there is 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 injections, and a referral to physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there is no evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis upon imaging study. There is also no documentation of an exhaustion of conservative treatment. Based on the clinical information received, the request cannot be determined as medically appropriate at this time.