

Case Number:	CM14-0102216		
Date Assigned:	07/30/2014	Date of Injury:	05/30/2010
Decision Date:	09/09/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/02/2014

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 Neurological 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 40-year-old who was reportedly injured on May 30, 2010. The mechanism of injury was noted as a slip and fall type event. A lumbar laminectomy was completed in March 2014. The most recent progress note dated June 17, 2014, indicated that there were ongoing complaints of low back pain. It was reported that there was a recurrent disc herniation. The physical examination was not reported. Diagnostic imaging studies (dated November 2013) objectified a 5 mm disc, lateralizing to the left, with a slight effacement of the proximal S1 nerve root. A repeat magnetic resonance image (dated June 2, 2014) noted the surgical intervention, posterior element hypertrophy, a 4 millimeter median prominence with lateral recess encroachment. Previous treatment included lumbar laminectomy, medications, postoperative rehabilitation and pain management interventions (ESI). A request was made for repeat surgery and was not certified in the pre-authorization process on June 24, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Repeat Left L5 - S1 Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Microdiscectomy, Discectomy/Laminectomy; AMA Guidelines 5th Edition, Pages 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Surgical Considerations (Electronically Cited).

Decision rationale: It is noted that this injured worker is just several months out from a previously medically. The repeat magnetic resonance image noted a minimal recurrent disc lesion without objectification of nerve root encroachment. Furthermore, there is no diagnostic evidence of a verifiable radiculopathy. There is no evidence of neurogenic claudication or the other parameters noted in the California Medical Treatment Utilization Schedule for surgical intervention. Therefore, based on the clinical progress notes presented for review, the request for a repeat left L5-S1 discectomy is not medically necessary or appropriate.

Pre-operative labs: CBC, Chem 20, PT & PTT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Microdiscectomy, Discectomy/Laminectomy; AMA Guidelines 5th Edition, Pages 382-383.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative UA and CS if Indicated: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Microdiscectomy, Discectomy/Laminectomy; AMA Guidelines 5th Edition, Pages 382-383.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Chest X-ray, two views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Low Back Chapter - Microdiscectomy, Discectomy/Laminectomy; AMA Guidelines 5th Edition, Pages 382-383.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative electrocardiogram (EKG): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Microdiscectomy, Discectomy/Laminectomy; AMA Guidelines 5th Edition, Pages 382-383.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative consult for medical clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter - Microdiscectomy, Discectomy/Laminectomy; AMA Guidelines 5th Edition, Pages 382-383.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.