

Case Number:	CM14-0103146		
Date Assigned:	08/01/2014	Date of Injury:	08/31/1993
Decision Date:	10/16/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/03/2014

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 claimant is a 55-year-old gentleman who developed low back complaints as a result of an injury on 08/31/93. The medical records provided for review included the progress report dated 05/19/14 noting continued low back and right lower extremity radicular pain with difficulty standing or performing activities for greater than ten minutes. Physical examination revealed no sensory, motor or reflexive change of the lower extremities. The report of an MRI of the lumbar spine dated 08/02/13 identified disc bulging at L4-5, but no evidence of neural foraminal narrowing. There was also a 3 millimeter posterior disc protrusion at L5-S1 with no significant canal or foraminal narrowing noted. The documentation indicated that the claimant had failed a considerable course of conservative treatment. The recommendation was made for a right sided L4-5 and L5-S1 microdiscectomy and decompressive procedure with a one day inpatient hospital length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 and L5-S1 microforaminotomies and decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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

Decision rationale: Based on California MTUS ACOEM Guidelines, the request for right L4-L5 and L5-S1 microforaminotomies and decompression cannot be recommended as medically necessary. The documentation for review does not identify any compressive pathology on the recent MRI scan nor does the claimant's physical examination identify any evidence of compressive pathology demonstrating radiculopathy. ACOEM Guidelines recommend the presence of direct nerve root compression correlating between examination findings and imaging. Therefore, based on the ACOEM Guidelines, the medical records do not support the request for the two level surgical process at L4-5 and L5-S1.

1-day length of stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Root decompression and Hospital Length of Stay

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: low back procedure - Discectomy/ laminectomy: Hospital length of stay (LOS). ODG hospital length of stay (LOS) guidelines: Discectomy (icd 80.51 - Excision of intervertebral disc) Actual data -- median 1 day; mean 2.1 days ($\hat{\pm}$ 0.0); discharges 109,057; charges (mean) \$26,219 Best practice target (no complications) -- 1 day Laminectomy (icd 03.09 - Laminectomy/l

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