

Case Number:	CM14-0106626		
Date Assigned:	07/30/2014	Date of Injury:	11/13/2013
Decision Date:	08/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	07/10/2014

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 records, presented for review, indicate that this 37-year-old male was reportedly injured on 11/13/2013. The mechanism of injury was noted as a fall. The most recent progress note, dated 4/22/2014, indicated that there were ongoing complaints of low back pain that radiates down into the right calf. The physical examination demonstrated lumbar spine range of motion was 45 degrees flexion, 10 degrees extension, and lateral bending 20 degrees to both sides. Straight leg raise was positive on the right. Neurological examination of the lower extremities was intact with regard to motor strength and inflation. Diagnostic imaging studies included CT scan of the lumbar spine on 11/14/2013, which revealed unremarkable lumbar spine CT. X-rays lumbar spine, taken 4/22/14, revealed slight disc space narrowing at L5-S1 otherwise normal x-ray. MRI lumbar spine, 11/15/2013, revealed a large right L5-S1 herniated disc with compression of the S1 and possibly L5 nerve roots. Previous treatment included medication, and conservative treatment. A request had been made for right L5-S1 microlumbar discectomy, surgical system, and lumbar corset and was not certified in the pre-authorization process on 6/10/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Microlumbar discectomy- outpatient: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: Lumbar discectomy is moderately recommended as an effective operation to speed recovery in patients with radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. After review of the medical records provided, the injured worker did have low back pain; however there were no objective clinical findings of radiculopathy in a specific dermatome on physical exam. Therefore, this request is deemed not medically necessary.

Assistant for surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back pain (acute and chronic) surgical assistant, updated 7/3/2014.

Decision rationale: A surgical assistant is recommended as an option in more complex surgeries as identified below. An assistant surgeon actively assists the physician performing a surgical procedure. After review of the medical records provided, the requested surgical procedure is not approved at this time. Therefore, there is no need for a surgical assistant. This request is deemed not medically necessary.

lumbar corset: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The ACOEM treatment guidelines do not support the use of a lumbosacral (LSO) or other lumbar support devices for the treatment or prevention of low back pain except in cases of specific treatment of spondylolisthesis, documented instability, or postoperative treatment. The requested surgical procedure has not been approved at this time. Therefore, this request is deemed not medically necessary.