

Case Number:	CM14-0014207		
Date Assigned:	02/26/2014	Date of Injury:	09/14/2013
Decision Date:	07/18/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	02/04/2014

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 patient is a 33 year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of September 14, 2013. Review of progress notes indicates low back and right leg pain. Findings include limited lumbar range of motion; diffuse tenderness with muscle spasms and tightness of the musculature, positive straight leg raise test on the right, and pain in the L4 and L5 distribution on the right. Electrodiagnostic study of the lower extremities dated November 09, 2013 was unremarkable. Lumbar MRI dated October 30, 2013 showed broad-based disc protrusion at L5-S1 mildly effacing the dural sac above the S1 nerve root origins. The disc extends into both foramina, right more than left, both of which are moderate to moderately severe stenotic. There is a central disc extrusion at L4-5 mildly compressing the dural sac just above the L5 nerve root. Treatment to date has included NSAIDs (Non-Steroidal Anti Inflammatory Drugs), opioids, Effexor, sedatives, physical therapy, lumbar support, and acupuncture. Of note, patient had previous nerve blocks and rhizotomies in the lumbar area. Utilization review from January 21, 2014 denied the requests for right L4-L5 and L5-S1 microdiscectomy and microdecompression, one day length of stay, post-operative back brace, and assistant surgeon as there is inadequate visualization study to support a two-level discectomy.

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 MICRODISSECTOMY AND MICRODECOMPRESSION:
Upheld

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

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 chapter, Microdiscectomy; Discectomy/laminectomy.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG was used instead. According to ODG, microdiscectomy is recommended where standard discectomy is recommended. Indications for discectomy/laminectomy include objective findings of radiculopathy; imaging study showing nerve root compression, lateral disc rupture, or lateral recess stenosis; and evidence of conservative treatment including activity modification >2 months, drug therapy, and support provider referral such as physical therapy, manual therapy, or psychological screening. In this case, lumbar MRI only shows only one level of (L5-S1) lateral foraminal stenosis. The L4 nerve roots exit normally. Therefore, the request for right L4-5 and L5-S1 microdiscectomy and microdecompression is not medically necessary.

ONE (1) DAY 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.

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.

PRE-OP 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.

POST-OP 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.