

Case Number:	CM14-0017007		
Date Assigned:	03/07/2014	Date of Injury:	12/23/2011
Decision Date:	05/08/2014	UR Denial Date:	01/24/2014
Priority:	Standard	Application Received:	02/10/2014

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 orthopedic Surgery, has a subspecialty in Spine surgery and is licensed to practice in New Hampshire, New York and Washington. 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 has abated review of December 23, 2011. She has chronic back pain. She has undergone conservative treatment including physical therapy, acupuncture, NSAID medications and injections. She had epidural steroid injection a right L4-5 in September 2013. The injection provided significant relief for several weeks. Physical examination shows 4+/5 EHL strength (Extensor Hallucis Longus). Deep tendon reflexes are normal. Sensation is normal. Lumbar CT scan and bone scan is read as normal. MRI scan from January 2014 showed mild left lateral stenosis at L4-5. At issue is whether lumbar decompressive surgeries needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

HEMILAMINECTOMY, MICRODISCECTOMY L4-L5 RIGHT SIDE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307-322.

Decision rationale: Criteria for lumbar discectomy surgery are not met. Specifically, the patient does not have clearcut evidence of lumbar radiculopathy. Physical examination shows normal

sensation and only slight weakness of the patient's EHL. Straight leg raising is not documented as being abnormal. Tension sign of the left L5 nerve root is not documented as being positive. Straight leg raising is not documented as being abnormal. There is no evidence of progressive neurologic deficit. There is no evidence of significant neurologic deficit. The MRI shows mild left lateral recess stenosis and not severe stenosis. Mild MRI findings do not correlate with the patient's physical examination. Since the patient does not have a documented positive tension sign and the patient does not have severe stenosis on MRI imaging and the patient has a normal CT scan, criteria for lumbar discectomy surgery are not met. Therefore, the request for Hemilaminectomy, Microdiscectomy at the level of L4-L5 right side is not medically necessary and appropriate.

ASSISTANT SURGEON FOR LUMBAR SURGERY: 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.

INPATIENT 1-2 DAY LENGTH OF STAY POST LUMBAR SURGERY: 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.

PER-OPERATION CONSULTATION, LABS, CHEST XRAY AND EMG FOR LUMBAR SURGERY: 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 OPERATION DME: TEC SYSTEM (ICELESS COLD THERAPY UNIT WITH DVT AND LUMBAR WRAP: 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.