

Case Number:	CM14-0118193		
Date Assigned:	08/06/2014	Date of Injury:	04/15/2004
Decision Date:	09/17/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Spine Surgery and is licensed to practice in Texas. 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 48-year-old male who reported an injury on 04/15/2004. The injured worker reportedly suffered a low back strain when jumping out of the back of a trailer. Previous conservative treatment includes physical therapy, epidural steroid injections, and medication management. The current diagnosis is left L4-5 recurrent disc herniation with L5 radiculitis. The injured worker was evaluated on 04/17/2014 with complaints of left lower back pain with tingling in the right lower extremity. The current medication regimen includes Vicodin and Flexeril. It is noted that the injured worker has undergone back surgery in 2006. Physical examination on that date revealed no acute distress, diminished reflexes, positive straight leg raising on the left, an antalgic gait, limited forward flexion, and an old incision in the lumbar spine. Treatment recommendations at that time included an L4-5 re-entry partial discectomy with laminectomy and removal of the extruded disc fragment. The injured worker underwent a lumbar spine MRI on 03/19/2013, which indicated an enlarging left paracentral disc herniation at L4-5. A Request for Authorization form was then submitted on 04/25/2014 for a left L4-5 re-entry discectomy with removal of extruded fragment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-L5 re-entry discectomy, removal-extruded fragments: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment

for Workers' Compensation (ODG-TWC), Online Edition, Low Back-Thoracic and Lumbar Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be objective evidence of radiculopathy upon physical examination. Imaging studies should reveal evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of a referral to physical therapy, manual therapy, or the completion of a psychological screening. As per the documentation submitted, the injured worker underwent a lumbar spine surgery in 2006. Postoperatively, the injured worker has been treated with physical therapy and injections. However, there is no documentation of an exhaustion of conservative treatment, to include activity modification and drug therapy. There is also no documentation of focal strength deficits upon physical examination. Specific dermatomal deficits attributable to a nerve root impingement at L4-5 are not documented. Based on the clinical information received and the above-mentioned guidelines, the injured worker does not currently meet criteria for the requested procedure. As such, the request is not medically necessary.

Surgical assistant-PA: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Workers' Compensation (ODG-TWC), Online Edition, Surgical Assistant.

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.

Internist for medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2nd Edition, Chapter 7 Independent Medical Examinations and Consultations.

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.

Complete Blood Count (CBC): 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.

Comprehensive Metabolic Panel (CMP): 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.

Nares culture for methicillin-resistant Staphylococcus aureus (MRSA): 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.

Electrocardiogram (EKG): 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.