

Case Number:	CM14-0138542		
Date Assigned:	09/05/2014	Date of Injury:	09/29/2008
Decision Date:	10/16/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/27/2014

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 51 year old male who sustained an industrial injury on 9/29/2008. According to the 7/9/2014 PTP (primary treating provider) evaluation, the patient presents for follow up with continued complaints of severe spasms in his back and issues that are worse at night. He complains of sharpness and radiating down the left leg and interference with sleep. He complains of any torqueing of the spine. Physical examination reveals positive stoop test, non-antalgic gait, 30/90 degrees flexion, 10/25 degrees extension, 15/25 degrees right and left flexion, negative toe walk, positive heel walk and exquisite tenderness to paraspinal percussion. The diagnoses are multi-level disc bulges, L4-5; disc protrusion L3-S1; moderate spinal stenosis; lumbar spine radiculopathy; gastritis; and sexual dysfunction. The patient does not require medication refills he has been using Celebrex, soma and omeprazole. He continues TTD (temporary total disability) status. The patient continues as undecided regarding surgery, and wants to think about it for a longer period of time and weigh pros and cons.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left-sided L4-L5 Microdiscectomy and Foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Discectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: According to the CA MTUS, Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. According to the CA MTUS and ODG, surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings are required based on neurological examination and testing. The patient's diagnoses include lumbar disc bulges and radiculopathy. However, the medical records do not provide MRI that demonstrates a neurocompressive lesion of the L4-5 level, electrodiagnostic evidence of an active correlating radiculopathy, and objective findings on examination that also correlate to nerve root impingement. Furthermore, failure of less invasive care has not been established. Lastly, it does not appear that this patient is currently interested in surgical intervention. The medical necessity of the request is not established.

1 Day Length of 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.

Pre-op Chest X-ray: 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.

Surgical Assistant: 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.