

Case Number:	CM14-0170293		
Date Assigned:	10/20/2014	Date of Injury:	01/17/2006
Decision Date:	11/20/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/15/2014

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 38-year-old male who reported an injury on 02/17/2006. The mechanism of injury was not stated. The current diagnoses include right L5-S1 disc protrusion, L5-S1 foraminal stenosis with S1 neural impingement, and electrodiagnostic evidence of chronic L5 and S1 radiculopathy. The injured worker was evaluated on 08/22/2014. Previous conservative treatment is noted include physical therapy, home exercise, medication management, and epidural steroid injection. The patient presented with complaints of severe right lumbar radiculopathy. Physical examination revealed diffuse tenderness to the right of the midline, positive straight leg raising on the right, absent ankle jerk on the right, and hypesthesia in the S1 distribution. Treatment recommendations at that time included a right lumbar decompression at L5-S1. A Request for Authorization form was then submitted on 09/09/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 04/29/2014 which indicated a broad based 3 mm disc osteophyte complex and disc extrusion at L5-S1, resulting in severe central canal stenosis and severe bilateral foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Lumbar Decompression at the L5-S1 Level with L5 and S1 Neural Foraminal Decompression: 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 Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy

Decision rationale: The 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 a failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy, there should be documentation of radiculopathy upon physical examination. Imaging studies should indicate 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 documentation of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, the injured worker has severe central canal stenosis and severe bilateral foraminal stenosis at L5-S1 with compression of the exiting right L5 nerve root. The Official Disability Guidelines state an L5 nerve root compression requires a physical examination finding of either severe unilateral foot/toe/dorsiflexor weakness, mild to moderate foot/toe/dorsiflexor weakness, or unilateral hip/lateral thigh/knee pain. The injured worker's physical examination on the requesting date revealed positive straight leg raising, absent ankle jerk, and hypesthesia in the S1 distribution. There was no evidence of motor weakness in the L5 nerve root distribution. Additionally, it is noted that the injured worker has previously participated in physical therapy, home exercise, and epidural steroid injections. However, there is no documentation of a recent attempt at conservative therapy. Based on the clinical information received and the above mentioned guidelines, the request cannot be determined as medically appropriate.

History and Physical: 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-Operative Physical Therapy To Lumbar Spine 3 Times Per Week For 4 Weeks:
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-Operative Norco 10/325mg #60: 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-Operative Tramadol 50mg #60 Or Tramadol Hcl Er 150mg #30: 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-Operative Anaprox 550mg #60: 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-Operative Keflex 500mg #28: 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.