

Case Number:	CM14-0178627		
Date Assigned:	11/03/2014	Date of Injury:	08/28/2013
Decision Date:	12/08/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/28/2014

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 injured worker is a 38-year-old male who reported an injury on 08/28/2013. The mechanism of injury involved a fall. The injured worker was evaluated on 05/29/2014. The current diagnoses include degenerative lumbar disc disease, disc protrusion, and right greater than left leg radiculopathy. The injured worker presented with complaints of persistent lower back pain with activity limitation. Previous conservative treatment is noted to include physical therapy. The current medication regimen includes levothyroxine and hypertensive medication. The physical examination revealed no neurological deficits, normal motor exam, normal reflexes, positive straight leg raising on the right at 80 degrees, and positive straight leg raising at 70 degrees on the left. Treatment recommendations included a lumbar laminectomy, discectomy, and evaluation of stability at L4-5 and L5-S1. A Request for Authorization form was submitted on 09/26/2014. It is noted that the injured worker underwent electrodiagnostic studies on 07/07/2014, which revealed no evidence of lumbar radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient lumbar laminectomy, discectomy, and evaluation of stability at L4-5 and L5-S1.:
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): 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 may be appropriate if the patient has 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 evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be documentation of a referral to physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there was no evidence of radiculopathy upon physical examination. There were no imaging studies provided for this review. There is no mention of an exhaustion of conservative treatment. Based on the clinical information received, the request is not medically appropriate at this time.

Associated surgical service: appropriate inpatient 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Associated surgical service: intraoperative monitoring.: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.