

Case Number:	CM14-0181600		
Date Assigned:	11/06/2014	Date of Injury:	04/08/2012
Decision Date:	12/18/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/31/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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:

According to the records made available for review, this is a 50-year-old female with a 5/15/13 date of injury. At the time (8/18/14) of request for authorization for physical therapy session with iontophoresis times six, there is documentation of subjective (right hand pain) and objective (decreased right grip strength, positive Tinel's sign, positive Phalen's sign, and positive Finkelstein's test of the right upper extremity, swelling over the first dorsal compartment of the right wrist/hand, and decreased sensation in all digits of the right hand) findings, current diagnoses (de Quervain's tenosynovitis), and treatment to date (17 physical therapy sessions). There is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of physical therapy provided to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: Lumbar discectomy and possible fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter (updated 08/22/14)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and there should be clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be a documentation of the failure of conservative care resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had an epidural steroid injection which was of minimal benefit, however, there was a lack of documentation of an exhaustion of conservative care. The injured worker had objective findings upon physical examination. There was a lack of documentation including an official MRI report and electrodiagnostic studies to support the necessity for a lumbar discectomy. The request as submitted failed to indicate the level and laterality for the requested discectomy and the rationale for the fusion. Given the above, the request for associated surgical service lumbar discectomy and possible fusion is not medically necessary.