

Case Number:	CM14-0186066		
Date Assigned:	11/13/2014	Date of Injury:	09/27/2011
Decision Date:	12/22/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	11/07/2014

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 Internal Medicine 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 56-year-old female who reported an injury on 09/27/2011. The mechanism of injury involved continuous trauma. The current diagnoses include myofascial sprain and strain of the cervical spine; status post right shoulder surgery; right shoulder strain with a history of surgery; myofascial sprain and strain of the thoracic spine; myofascial sprain and strain of the lumbar spine with radiculopathy in the right lower extremity; lumbar annular tear with herniated disc and radiculopathy; and myofasciitis in the cervical, thoracic, and lumbar spine. The injured worker presented on 08/21/2014 with complaints of persistent lower back pain rated 6/10 with radiation into the right lower extremity. The injured worker is status post a lumbar epidural steroid injection on 08/11/2014 with minimal relief. Previous conservative treatment also includes physical therapy, chiropractic treatment, medication management, rest, and home exercise. The physical examination revealed tenderness to palpation over the lumbar spine paravertebral muscles, 40 degrees of flexion, 5 degrees of extension, 10 degrees of right lateral flexion, 15 degrees of left lateral flexion, positive Kemp's tests bilaterally, a positive lumbar facet test, a positive straight leg raise on the left, and 4/5 lower extremity strength on the right. Treatment recommendations included a lumbar spine microdiscectomy secondary to continued symptomatology. There was no Request for Authorization form submitted for this review

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 305-306.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

L5-S1 microdiscectomy surgery: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 305-306.

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 recommend a discectomy/laminectomy when there is 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 injection. There should also be evidence of a referral to physical therapy, manual therapy, or a psychological screening. While it is noted that the patient has exhausted conservative treatment and does have positive physical examination findings, there were no imaging studies provided for this review. Therefore, the request is not medically appropriate at this time.

Post-operative physical therapy 12 sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 305-306.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.