

Case Number:	CM14-0041803		
Date Assigned:	06/30/2014	Date of Injury:	01/12/2012
Decision Date:	07/31/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 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 27-year-old male with a date of injury of 1/12/12. The mechanism of injury was being struck by fallen totes. Other therapies included physical therapy, chiropractic care, and medications. The injured worker underwent EMG/NCV on 6/12/12, which revealed no evidence of peripheral neuropathy or lumbar radiculopathy in the bilateral lower extremities. It was indicated the injured worker had a second EMG/NCV in 2013. The injured worker had an MRI of the lumbar spine on 5/18/12 which revealed a 4 mm broad posterior protrusion at L5-S1 with an annular tear extending superiorly indenting the thecal sac with mild central canal stenosis somewhat greater on the left. There was mild to moderate left greater than right neural foraminal encroachment and there was a mild decreased disc signal and space height. The documentation indicated the injured worker underwent a second MRI on 8/20/13. There was no documentation related to the lumbar spine submitted for the year 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar decompression at Lumbar 5-Sacral 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultation is appropriate for injured workers who have documentation of 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 one month or extreme progression of lower leg symptoms. There should be documentation of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in the short and long term from surgical repair. There should be documentation of a failure of conservative treatment to resolve disabling radicular symptoms. There was no PR-2 or recent physical findings submitted to support the request. There was no recent EMG or MRI submitted to indicate the injured worker had nerve impingement as it was indicated the injured worker had an MRI and EMG in 2013; these were not provided for review. Given the above, the request is not medically necessary.

Pre-operative history and physical: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Chapter.

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 3 times a week for 4 weeks # 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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.