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| Case Number: | CM14-0051348 | | |
| Date Assigned: | 07/07/2014 | Date of Injury: | 11/10/2009 |
| Decision Date: | 08/14/2014 | UR Denial Date: | 04/08/2014 |
| Priority: | Standard | Application Received: | 04/18/2014 |

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 Surgeon, 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 53-year-old male who reported an injury on 11/10/2009. The mechanism of injury involved a motor vehicle accident. Current diagnoses include herniated lumbar intervertebral disc with severe radiculopathy and chronic recurrent musculoligamentous sprain in the cervical spine with headaches. The injured worker was evaluated on 01/08/2014. Previous conservative treatment includes physical/aquatic therapy and medication management. Current medications include Norco and Ambien. Physical examination of the lumbar spine revealed a limping gait, positive straight leg raising on the left, sensory deficit at the L5 nerve root distribution in the left lower extremity, weakness in the left lower extremity, positive Lasegue's sign on the left and limited lumbar range of motion. X-rays of the lumbar spine obtained in the office on that date indicated no evidence of instability. Treatment recommendations at that time included a microdiscectomy at L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy L4-L5 and L5-S1 levels: 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, Microdiscectomy and Discectomy/Laminectomy.

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.

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 evidence 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 evidence of the completion of physical or manual therapy, or a psychosocial screening. As per the documentation submitted, the injured worker does demonstrate radiculopathy upon physical examination. There is evidence of an attempt at conservative treatment with physical therapy and aquatic therapy as well as medication management. However, there is no mention of previous conservative treatment with epidural steroid injections. There were also no imaging studies provided for this review. Therefore, the injured worker does not meet criteria for the requested procedure. As such, the request for Microdiscectomy L4-L5 and L5-S1 levels are not medically necessary.

Pre-operative laboratory evaluation Complete Blood Count (CBC): 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. Therefore, the current request for Pre-Operative Laboratory Evaluation Complete Blood Count (CBC) is also not medically necessary.

Pre-operative laboratory evaluation Sequential Multiple Analysis-7 (SMA-7): 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. Therefore, the current request for Pre-Operative Laboratory Evaluation Sequential Multiple Analysis-7 (SMA-7) is also not medically necessary.

Initial post-operative Physical Therapy times twelve (12) for the lumbar spine: 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. Therefore, the current request for Physical Therapy is also not medically necessary.