

Case Number:	CM14-0185090		
Date Assigned:	11/13/2014	Date of Injury:	10/17/2013
Decision Date:	01/28/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 17, 2013. In a Utilization Review Report dated October 20, 2014, the claims administrator denied a request for lumbar hemilaminotomy and discectomy at the L5-S1 level with an associated two-day hospitalization. The claims administrator stated that its decision was based on the Third Edition ACOEM Guidelines but did not incorporate the text of said guidelines into the body of the report. The claims administrator also alluded to a progress note and an RFA form of September 24, 2014. The claims administrator referenced a September 24, 2014 progress note in which the applicant reported persistent complaints of low back and right leg pain. The applicant was walking with a visible limp. Positive right-sided straight leg raising was noted with Hyposensorium noted about the L5-S1 dermatome. The claims administrator stated that its denial was based on the fact that the attending provider had allegedly failed to document the failure of conservative treatment, despite the fact that the applicant was approximately a year removed from the date of injury as of the date of the request. The applicant's attorney subsequently appealed. However, the applicant's attorney did not incorporate any clinical progress notes into the Independent Medical Review packet. The sole information provided was the lumbar MRI study detailed below. The clinical progress note of September 24, 2014 made available to the claims administrator was not incorporated into the Independent Medical Review packet. Lumbar MRI imaging of December 23, 2013 was notable for right paramedian L4-L5 protrusion with associated annular tear with variant degrees of central and foraminal stenosis. Mild central stenosis was noted at L5-S1 with a 3 to 4 mm right paramedian focal protrusion which dorsally displaced the right S1 nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-sided Microscopic Hemilaminotomy and Discectomy at the Lumbar L5-S1 Level:
Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-
<https://www.acoempracguides.org/Low Back>

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): Table 12-8, page 310.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, standard discectomy or microdiscectomy procedures, as is being sought here, are "recommended" for a diagnosis of herniated disks. ACOEM Chapter 12, Table 12-8, page 310 further notes that it is "recommended" that an attending provider discuss surgical options for applicants who have persistent severe sciatica and clinical evidence of nerve root compromise if symptoms persist after four to six weeks of conservative therapy. In this case, the admittedly limited information on file does suggest that the applicant had failed approximately one year of conservative treatment from the time, medication, observation, etc., before the request in question was initiated. Furthermore, the applicant does have radiographic evidence of a lesion amenable to surgical correction. Lumbar MRI imaging of December 23, 2013, referenced above, does demonstrate a 3- to 4-mm right-sided paramedian focal protrusion with associated S1 nerve root displacement. Moving forward with surgical remedy, is, thus, indicated here, given the reports of persistent right lower extremity radicular complaints evident on the claims administrator's Utilization Review Report. Therefore, the request is medically necessary.

Associated Surgical Service: 2 Day Inpatient Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM-<https://www.acoempracguides.org/Low Back>

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter, Hospital Length of Stay Guidelines.

Decision rationale: The MTUS does not address the topic. ODG's Hospital Length of Stay Guidelines suggest that actual data reflects a median hospitalization of one day in applicants undergoing a discectomy procedure, a mean of 2.1 days, and a best practice target of the procedure taking place under outpatient basis. ODG's Hospital Length of Stay Guidelines further state that the actual data on a laminectomy procedure is a median of two days, a mean of 3.5 days and a best practice target of one day. Here, the applicant is seemingly set to undergo two procedures, hemilaminotomy and discectomy. A two-day hospitalization, thus, is essentially in line with ODG's actual data. Therefore, the request is medically necessary.

