

Case Number:	CM14-0206804		
Date Assigned:	12/18/2014	Date of Injury:	10/01/2013
Decision Date:	02/13/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/10/2014

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 Spine 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 47-year-old male who reported an injury on 10/01/2013. The mechanism of injury was not submitted for review. The injured worker has diagnoses of lumbar radiculopathy, L3-4 and L4-5 foraminal stenosis and lumbar spondylosis. Past medical treatments consist of physical therapy, chiropractic therapy and medication therapy. No medications were documented in the review. On 07/07/2014, the injured worker underwent an MRI of the lumbar spine; the MRI revealed 4 mm by 6 mm inferiorly directed posterior disc extrusion at L3-4 accentuated to the left of the middle; extension to the left lateral recess of 4, moderate left and mild right neural foraminal stenosis; moderate degenerative disc disease; at L4-5 there a 4 mm broad based posterior disc protrusion accentuated to the right of the midline; minimal effacement of the ventral thecal sac; mild central canal stenosis, with moderate bilateral neural foraminal stenosis; moderate degenerative disc disease. On 10/30/2014, the injured worker complained of lower back and lower extremity pain. He stated that there was numbness, tingling and weakness to the low back, including lower extremities. The pain was rated at 6/10 to 9/10 on a constant basis. Physical examination revealed a straight leg raise to 20 degrees on the left, normal on the right. Patellar reflexes were 2+ on the right, 1+ on the left and ankle jerks were 1+ bilaterally. The injured worker's gait was normal. There was no edema. Medical treatment plan was for the injured worker to undergo L3-4, L4-5 lumbar foraminotomies. The provider feels that it is necessary, seeing as the injured worker has failed conservative treatment for nearly 15 years. The Request for Authorization form was submitted on 11/03/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-4 and L4-5 lumbar foraminotomies: 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, Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: The request for left L3-4 and L4-5 lumbar foraminotomies is not medically necessary. The California MTUS/ACOEM Guidelines suggest for surgical consideration, there be evidence of severe or disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, there should also be evidence of 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. Documentation of failed conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, there should also be evidence of the injured worker having undergone psychological screening. The submitted documentation did not indicate or show evidence of severe disabling lower leg symptoms. There were also no activity limitations due to the pain documented for review. An MRI was submitted for review indicating a 4 mm by 6 mm inferiorly directed posterior disc extrusion at L3-4 accentuating to the left midline, moderate left and mild right neural foraminal stenosis. However, there was no evidence of what the injured worker's pain levels were on physical examination via VAS, nor was there any indication of the injured worker having undergone any psychological evaluation. Given the above, the injured worker is not within the MTUS/ACOEM recommended guideline criteria. As such, the request is not medically necessary.

Associated surgical services: Surgical assistant: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: LSO brace: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Pre-op medical clearance; H&P, EKG, chest x-ray, labs:
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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical services: Intraoperative neuromonitoring: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.