

Case Number:	CM14-0216882		
Date Assigned:	01/06/2015	Date of Injury:	10/29/2012
Decision Date:	03/06/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

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 with a reported date of injury of 10/29/2012. The injured worker reportedly suffered a low back strain while continuously bending at the waist to cut weeds. The current diagnoses include L5-S1 left sided disc protrusion with severe lumbar spinal stenosis and radiculopathy and progressive psychological depression. The latest physician progress report submitted for this review is documented on 12/17/2014. The injured worker presented with complaints of persistent pain. There was diffuse tenderness and limited range of motion upon examination. There was positive straight leg raising bilaterally with hyper-reflexive reflexes bilaterally. The current medication regimen includes tramadol 150 mg, Protonix 20 mg and Anaprox 550 mg. It is noted that the injured worker has been previously treated with TENS therapy, physical therapy, acupuncture, medication management and lumbar epidural steroid injections. The provider recommended authorize for lumbar decompressive surgery at the L5-S1 level, as well as a psychological consultation. 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:

Lumbar de compressive surgery L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Discectomy/Laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

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 limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines recommend a discectomy/laminectomy when there is objective evidence of radiculopathy. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, epidural steroid injection, physical therapy or manual therapy. According to the documentation provided, the injured worker is currently pending a psychological screening that could affect the surgical outcome. Additionally, there were no imaging studies provided for this review. Therefore, the current request is not medically appropriate in this case.

Associated surgical service: Anesthesia: 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 service: Pre-op labs, EKG and History: 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 service: Physical Post OP PT 3x4: 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.