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| Case Number: | CM15-0003664 | | |
| Date Assigned: | 01/14/2015 | Date of Injury: | 03/11/2014 |
| Decision Date: | 03/24/2015 | UR Denial Date: | 12/09/2014 |
| Priority: | Standard | Application Received: | 01/08/2015 |

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, Arizona
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 42-year-old female who reported an injury on 03/11/2014 due to a motor vehicle accident. An MRI of the lumbar spine dated 07/02/2014 showed evidence of mild degenerative disc disease, disc bulging at the C4-5 and C5-6, a herniated disc at C6-7, advanced degenerative disc disease at L5-S1, and mild central stenosis at the L4-5. On 12/29/2014, she presented for a followup evaluation. She reported significant bilateral radicular symptoms and burning pain and constant numbness and tingling into the lower extremities and toes. She rated her low back and radicular pain at 5/10 to 6/10 at rest while on medications and 8/10 to 9/10 with movements. A physical examination of the lumbar spine showed that the sacroiliac joints were painless. Heel walk test increased left sided low back pain and she had a nonantalgic, nor broad based gait. Muscle tone in the lower extremities was normal, there is +1 tenderness of the paraspinal muscles bilaterally, right greater than left, and motion was noted to be with pain. Deep tendon reflexes were at 2+ bilaterally, straight leg raise was positive bilaterally for low back pain, and there was hyperesthesias noted in the right and left L4-5 dermatomal distribution. She was diagnosed with sprain of the lumbar region. The treatment plan was for decompressive of lumbar laminectomy and possible fusion at the L4-5 and associated surgical services with an assistant surgeon and 2 to 3 day stay. The rationale for treatment was to alleviate the injured worker's lumbar spine pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompressive lumbar laminectomy possible fusion at L4-L5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14) Discectomy/laminectomy ODG Low Back (updated 11/21/14) Fusion (spinal)

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

Decision rationale: According to the California ACOEM Guidelines, a surgical consultation is recommended for those who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, activity limitation due to radiating leg pain for more than 1 month, clear imaging and electrophysiological and clinical evidence of a lesion that has been shown to benefit from surgical repair, and failure of conservative treatment. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation showing that she has tried and failed all recommended conservative therapy options to support the request for a surgical intervention. In addition, there is a lack of documentation showing that she has undergone electrodiagnostic studies or a psychological consultation to support the requested intervention. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

Associated Surgical Service: 2-3 day stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Low Back (updated 11/21/14) Hospital length of stay (LOS)

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: Assistant Surgeon: 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.