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| Case Number: | CM15-0005251 | | |
| Date Assigned: | 01/16/2015 | Date of Injury: | 08/26/2009 |
| Decision Date: | 03/20/2015 | UR Denial Date: | 12/29/2014 |
| Priority: | Standard | Application Received: | 01/09/2015 |

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

Certification(s)/Specialty: Orthopedic Surgery

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 54 year old man with an industrial injury dated 08/26/2009 resulting in injury to his back. The mechanism of injury is documented as falling to the ground from a ladder at a distance of three feet and injuring his back and left foot. Prior treatment included tendon repair of left peroneal tendon on 07/23/2010, micro laminectomy at lumbar 5-sacral 1 on 01/10/2012, sympathetic block to left foot on 03/07/2011 and psychiatric treatment for anxiety, situational stress and depression. Other treatments included medications. On 12/18/2014 at follow-up visit the injured worker continued with low back and right lower extremity pain to the right heel and top of the right foot. There was also pain from the left ankle to the calf. Physical exam showed diminished light touch sensation in right posterolateral calf to the top of the right foot. Straight leg raise was negative. MRI report dated 05/13/2013 indicated moderate lumbar 4-5 and lumbar 5-sacral 1 right foraminal and lateral recess stenosis with 4 mm disk/osteophyte complex lumbar 5-sacral 1. Diagnoses were previous laminectomy and low back pain with right sciatica. On 12/29/2014 the request for right lumbar 4-5, lumbar 5-sacral 1 decompression with assistant surgeon, one day inpatient length of stay and medical clearance labs was non-certified by Utilization Review noting there is no clear clinical evidence of radiculopathy present in the record that would benefit from surgical intervention and the MRI report which is 20 months old is incomplete and does not provide documentation of neural compromise. MTUS/ACOEM Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Right L4-L5, L5-S1 Decompression with assistant surgeon, one day inpatient length of stay and Medical clearance labs (CBC, BMP, EKG, CXR): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. The exam note from 12/18/14 does not document progressive symptoms or a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and determination is for non-certification.