

Case Number:	CM15-0006413		
Date Assigned:	01/26/2015	Date of Injury:	07/26/2013
Decision Date:	03/25/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/13/2015

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 45 year old male, who sustained an industrial injury on 7/26/2013. He has reported back pain with radiation to both legs. The diagnoses have included thoracic/lumbosacral neuritis/radiculitis. Treatment to date has included conservative measures. A consultation report, dated 10/22/2014, referenced magnetic resonance imaging findings as showing a 3mm disc at L4-L5 and L5-S1. The PR2 report, dated 11/07/2014 is handwritten and largely illegible. Currently, the injured worker complains of back pain, rated 10/10, with radiation to both legs. He had epidurals, which helped for a short time, but pain recurred. Lumbar discectomy, pre-operative clearance, and post-operative physical therapy were requested. On 1/06/2015, Utilization Review (UR) modified a request for lumbar discectomy to lumbar discectomy at L4-L5 and L5-S1, modified a request for pre-operative clearance to pre-operative clearance to include complete blood count and basic metabolic panel, and modified a request for post-operative physical therapy 18 sessions (3xweek for 6 weeks) to post-operative physical therapy 12 sessions (3x week for 4 weeks. The UR physician cited MTUS and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Low Back Procedure Summary List

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Discectomy/laminectomy

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. In this patient the exam note from 11/7/14 does not demonstrate progressive symptoms or a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and determination is for non-certification.

Pre-Operative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative testing

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post-Operative Physical Therapy (18-sessions, 3 times per week for 6-weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 25-26.

Decision rationale: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.