MAXIMUS Federal Services

Case Number:	CM15-0107000		
Date Assigned:	06/15/2015	Date of Injury:	02/05/2004
Decision Date:	07/14/2015	UR Denial Date:	05/29/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, Oregon
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 41 year old female who sustained an industrial injury on 02/05/2004. Current diagnoses include degeneration of lumbar or lumbosacral intervertebral disc and spinal stenosis of lumbar region. Previous treatments included medications, physical therapy, IDET procedure, epidural injections, and selective nerve root block. Previous diagnostic studies include a MRI's of the lumbosacral spine, CT myelograms, and discogram. Initial injuries sustained included the back. Report dated 05/06/2015 noted that the injured worker presented with complaints that included continued pain in the lower lumbar region with radiculopathy that extends down the posterior aspect of her left lower extremity. Pain level was 7 out of 10 on a visual analog scale (VAS). Physical examination was positive for limited range of motion due to pain and mildly positive straight leg raise on the left. The treatment plan included recommendation for a partial laminectomy in order to decompress the exiting nerve roots, and started on gabapentin. Disputed treatments include 23 hour observation and partial laminectomy on the left at L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical services: LOS: 23 hour observation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Hospital length of stay (LOS).

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Partial laminectomy on the left at L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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 (ODG) low back.

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 there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. The MRI of 8/19/14 does not show a clear compressive lesion to warrant decompression. Based on this, the request is not medically necessary.