

Case Number:	CM15-0018983		
Date Assigned:	02/06/2015	Date of Injury:	06/13/2013
Decision Date:	04/01/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	02/02/2015

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, 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 50-year-old male who reported an injury on 06/13/2013 due to an unspecified mechanism of injury. Electrodiagnostic studies dated 07/31/2014 showed some evidence of right L5 lumbar radiculopathy. An MRI dated 01/05/2014 showed disc desiccation and annular fissure noted at the L3-4 level with a 3 to 4 mm disc bulge that compressed the thecal sac and contributed to mild central spinal canal stenosis and bilateral left slightly greater than right foraminal exit zone compromise; disc desiccation noted at the L4-5 level with a 3 to 4 mm disc bulge and right central; right foraminal focality contributing to borderline central spinal canal stenosis and encroaching along the foraminal exit zones, contributing to foraminal exit zone compromise, right greater than the left; and mild facet hypertrophy noted bilaterally. On 12/22/2014, he presented for a followup evaluation regarding his work related injury. He reported predominantly right leg pain aggravated by bending and lifting more than 15 pounds, walking more than several blocks, and in a stationary posture or getting up. He used a cane in his left hand for ambulation and it was noted that he had undergone 18 months of conservative treatment. The physical examination showed that the right sciatic nerve stretch test was positive at 30 degrees and there was right sciatic notch tenderness. There was decreased sensation in the right L4 and L5 dermatomes and his deep tendon reflexes were a 1+ at the knees and his ankle deep tendon reflex was absent on the right and 1 on the left. Lower extremity examination showed motor strength at a 5/5 throughout. He was diagnosed with right L4 and L5 radiculopathy secondary to right L3-4 and L4-5 disc herniation with degenerative spondylosis and subarticular spinal stenosis. The treatment plan was for a right laminectomy with partial

facetectomy at the L3-4 and L4-5 with associated surgical services. The rationale for treatment was to treat the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right laminectomy with partial facetectomy at L3-4 and l4-5: 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), Indication for surgery, Discectomy/Laminectomy.

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

Decision rationale: The California ACOEM Guidelines indicate that a surgical intervention may be considered for those who have failed all recommended conservative treatment and for those who have clear clinical, imaging, and electrodiagnostic evidence consistently indicated the same lesion that has been shown to benefit from both the short and long term from surgical repair. The documentation provided does indicate that the injured worker has neuropathic pain and possible radiculopathy based on his physical examination findings and imaging/electrodiagnostic studies. However, there was a lack of documentation showing any clinical evidence of radiculopathy at the L3-4 to support the request. Also, while it was noted that the injured worker failed conservative therapy, there was a lack of documentation showing what kind of conservative therapy he had undergone. Without documentation showing that he has undergone injections, physical therapy, medications, and activity modification, the request would not be supported. Therefore, the request is not supported. As such, the request is not medically necessary.

Associated surgical service: hospital stay; 2 days: 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, hospital LOS.

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

Associated surgical service: front wheeled walker: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Walking Aides.

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

Associated surgical service: raised toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME.

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

Associated surgical service: grabber: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, DME.

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