

Case Number:	CM15-0130982		
Date Assigned:	07/17/2015	Date of Injury:	01/24/2014
Decision Date:	08/18/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/07/2015

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: New York
 Certification(s)/Specialty: Neurological 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:

This 36 year old male sustained an industrial injury to the low back, bilateral shoulders and bilateral legs on 1/24/14. Previous treatment included magnetic resonance imaging, physical therapy, epidural steroid injections and medications. Magnetic resonance imaging lumbar spine (5/1/15) showed a bulging disc annulus at L3-4 without L4 nerve impingement and a small disc protrusion at L5-S1. Electromyography/nerve conduction velocity test bilateral lower extremities (1/30/15) showed left S1 radiculopathy. In a treating physician report dated 5/14/15, the injured worker complained of ongoing low back pain. Physical exam was remarkable for lumbar spine with tenderness to palpation in the lumbar midline from L3 to the sacrum and over the left buttock with range of motion 25% in all planes, 5/5 lower extremity strength bilateral except for decreased strength in the left extensor hallucis longus, decreased sensation over the left calf and negative bilateral straight leg raise. The injured worker ambulated with a slight limp on the left and could stand on his heels and toes without difficulty. Current diagnoses included lumbosacral sprain/strain, small left herniated disc at L5-S1 and left S1 radiculopathy. The physician noted that the injured worker had failed conservative treatment. The treatment plan included left microdiscectomy at L5-S1 with associated surgical services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy L5/S1 left: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. The documentation shows negative straight leg raising on physical exam and the MRI scan shows no nerve root impingement. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. The requested treatment: Microdiscectomy L5/S1 left is not medically necessary and appropriate.

Associated Surgical Service: One day inpatient stay: 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.

Associated Surgical Service: Post surgical lumbar corset: 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.

Associated Surgical Service: Post surgical elevated 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 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.

