MAXIMUS Federal Services

Case Number:	CM15-0134776		
Date Assigned:	07/23/2015	Date of Injury:	10/29/2012
Decision Date:	08/25/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/13/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 65-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 29, 2012. In a Utilization Review report dated July 6, 2015, the claims administrator failed to approve a request for an inpatient laminotomy-laminectomy-diskectomy procedure at L3-L4. The claims administrator referenced a May 20, 2015 RFA form in its determination, along with office visits of April 20, 2015 and March 17, 2015. The applicant's attorney subsequently appealed. On April 20, 2015, the applicant reported ongoing complaints of low back pain, 5/10. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. The applicant's neurologic review of systems was notable for difficulty walking, dizziness, paresthesias, headaches, and alleged memory impairment. The applicant's BMI was 29. The applicant exhibited positive right-sided straight leg raising with intact motor and sensory functions. The applicant's gait was described as antalgic in one section and normal in another section of the note. The attending provider stated that the applicant had a far lateral right herniated disk at L3-L4 with associated neuroforaminal stenosis which he believed corresponded to the applicant's right lower extremity radicular pain complaints. A laminectomy-diskectomy-laminotomy procedure at the L3-L4 level was sought. Lumbar MRI imaging dated April 16, 2015 was notable for multilevel diskogenic disease with a 5-mm far lateral disk protrusion at the L3-L4 space with moderate right proximal L3 foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inpatient Laminotomy/Laminectomy discectomy right L3-L4: Overturned

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): 306; 310.

Decision rationale: Yes, the proposed laminotomy-laminectomy-diskectomy procedure was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, direct methods of nerve root decompression include laminotomy, standard diskectomy, and laminectomy, as was/is proposed here. The MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 310 notes that it is "recommended" that an attending provider discuss surgical options with an applicant with persistent severe sciatica with clinical evidence of nerve root compromise and symptoms persist after at least four to six weeks of conservative therapy. Here, the applicant did have ongoing lumbar radicular pain complaints evident on the April 20, 2015 office visit at issue. The applicant exhibited neurogenic claudication-like pain complaints, it was suggested in the review of systems section of that note. The attending provider stated that he believed the applicant's lumbar MRI findings suggesting a far right lateral disk protrusion at L3-L4 was the source of the applicant's ongoing right lower extremity radicular pain complaints. Moving forward with surgical intervention was, thus, indicated, given the failure of conservative treatments to include time, medications, observation, etc. Therefore, the request was medically necessary.