

Case Number:	CM15-0143496		
Date Assigned:	08/05/2015	Date of Injury:	10/25/2011
Decision Date:	09/29/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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 51 year old female, with a reported date of injury of 10-25-2011. The mechanism of injury was the retrieving of a box weighing up to 70 pounds. The injured worker's symptoms at the time of the injury included a sharp pain in her lumbar spine. The diagnoses include lumbar musculoligamentous injury, lumbar spinal stenosis, lumbar disc protrusion and herniation, right lower extremity radiculopathy, lumbar myalgia, lumbar myospasm, and lumbar sprain and strain. Treatments and evaluation to date have included oral medications, physical therapy, with no permanent benefit, and epidural blocks with no benefit. The diagnostic studies to date have included an MRI of the lumbar spine on 03-08-2013 and 09-10-2013. The MRI dated 09-10-2013 showed continued disc pathology, mild facet hypertrophy at L3 to L4, a disc bulge with moderate facet hypertrophy at L4 to L5, and broad-based disc protrusion with ventral impression on the thecal sac with mild spinal stenosis. The medical report dated 04-30-2015 indicates that the injured worker complained of continuous sharp and burning pain in the low back, with radiation to the buttocks and right leg down to the foot. The pain was accompanied with numbness, weakness, tingling, and burning sensation. It was noted that the pain level varied throughout the day with a level of 7 to 8 out of 10. The right foot pain was rated 5 to 8 out of 10. She had difficulty with her activities of daily living due to the low back pain. It was noted that the injured worker had an electrodiagnostic study on 09-09-2013 which showed possible mild chronic right L5 radiculopathy and right meralgia paresthetica. The physical examination showed decreased lumbar extension, right lateral flexion, right rotation, and left rotation; limited lumbar range of motion; hyperlordosis of the lumbar spine; tenderness of the right lumbar

paravertebral, sciatic notch, and posterior iliac crest; positive right foraminal compression test; positive right straight leg raise test, decreased sensation to light touch, pinprick, and vibration in the lower extremities; decreased sensation to L4 to L5 and L5 to S1 dermatomal distribution; and decreased motor strength. It was noted that an x-ray of the lumbar spine showed degenerative changes and decreased disc height; and an x-ray of the pelvis showed no evidence of new or old fracture. The treating physician recommended a microdiscectomy and foraminotomy of the lumbar spine. It was noted that the injured worker continued to have chronic pain with unequivocal evidence of radiculopathy symptoms, and the pain pattern interfered with her activities of daily living as well as her functional capacity. It was also noted that the injured worker was not currently working. She stopped working in 2013. The treating physician requested lumbar spine surgical microdiscectomy and foraminotomy L4 to L5 and L5 to S1; two-day hospital stay; post-operative physical rehabilitation; pre-operative full medical clearance; pre-operative EKG; pre-operative chest x-ray; pre-operative labs; pre-operative blood work; post-operative deep vein thrombosis max and supplies; post-operative Norco #90; post-operative LSO brace; urine toxicology screen

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgical microdiscectomy and foraminotomy L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307 and 201-204. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC), Low Back, Indications for surgery.

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

Decision rationale: CA MTUS/ACOEM Low back complaints, pages 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. Therefore the guideline criteria have not been met and the request is not medically necessary.

Associated service: 2 day hospital 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.

Post-op Physical Rehabilitation 16 visit over 8 weeks: 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.

Preoperative Medical Clearance: 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.

Preoperative EKG: 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.

Preoperative Chest X-ray: 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.

Preoperative Labs and Blood Work (unspecified): 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.

Post op DVT max and supplies: 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.

Post-op Norco (Hydrocodone/APAP) 10/325mg #90: 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.

Post-op LSO Brace: 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.

Urine Toxicology Screen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine toxicology Page(s): 94 and 95.

Decision rationale: Per the CA MTUS Chronic Pain Medical Treatment Guidelines pages 94-95, use of urine toxicology is encouraged particularly when opioids are prescribed. It states, Opioids, steps to avoid misuse/addiction the following are steps to avoid misuse of opioids, and

in particular, for those at high risk of abuse: a) Opioid therapy contracts. See Guidelines for Pain Treatment Agreement. b) Limitation of prescribing and filling of prescriptions to one pharmacy. c) Frequent random urine toxicology screens. In this case there is insufficient evidence of chronic opioid use or evidence of drug misuse to warrant urine toxicology. In addition multiple drug screens were obtained in the cited records. Therefore the request is not medically necessary.