MAXIMUS Federal Services

Case Number:	CM15-0162097		
Date Assigned:	08/28/2015	Date of Injury:	03/02/2015
Decision Date:	10/09/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/18/2015

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: Minnesota, Florida
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 35 year old male, who sustained an industrial injury on March 2, 2015. The injured worker reported a motor vehicle accident (MVA). The injured worker was diagnosed as having lumbar sprain and left leg pain. There was a history of prior back injury status post laminectomy and discectomy at L5-S1. Treatment to date has included medication, epidural steroid injection with no relief, and physical therapy. A progress note dated July 17, 2015 provides the injured worker complains of back pain radiating to left leg and unchanged. MRI scan of the lumbar spine of 4/8/2015 revealed: L5-S1 with mild spinal canal stenosis and severe right subarticular zone narrowing secondary to disc extrusion, which compresses the descending S1 nerve root. L4-5 with mild spinal canal stenosis secondary to small disc extrusion, which contacts the left L5 nerve root. Moderate bilateral L4-5 and L5-S1 neural foraminal narrowing. Objective findings note normal gait, no difficulty getting on and off the exam table, and no sensory or motor deficit per exam of 8/26/2015. The plan included surgery and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminoforminotomies with microdisectomies at right L5-S1, Left L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 35-year-old male with a date of injury of 3/2/2015. There is a past history of surgery for a herniated lumbar disc in 2003. Per exam date of 8/26/2015 the subjective complaints included minimal pain at rest, episodes of severe axial pain and "occasional pain in the low back radiating to leg, left thigh pain from the buttock". He also complained of heaviness and weakness of the left leg. He noted improvement with ice and medication use. On examination, he was able to get on and off the exam table without difficulty. Range of motion was guarded at 50%. Seated straight leg raising bilaterally caused axial pain only. He was able to walk on tiptoes and on heels. Sensation was grossly intact in L2-S1 dermatomes. Gait was normal. MRI scan of the lumbar spine of 4/8/2015 revealed L5-S1 with mild spinal canal stenosis and severe right subarticular zone narrowing secondary to disc extrusion, which compresses the descending S1 nerve root. L4-5 with mild spinal canal stenosis secondary to small disc extrusion, which contacts the left L5 nerve root. Moderate bilateral L4-5 and L5-S1 neural foraminal narrowing. The diagnosis was "lumbar spine sprain; left leg pain." The documentation indicates no improvement with conservative treatment including epidural steroid injection. He was transferred to another provider per his attorney. California MTUS guidelines indicate surgical consultation for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. In this case, there is axial back pain and some radiation into the thigh but no severe and disabling lower leg symptoms are documented. The guidelines also require activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms. Again, this is not documented in the medical records. Also, the guidelines indicate clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. In this case, EMG and nerve conduction studies have not been performed. The physical examination of 8/26/2015 does not document any objective neurologic deficit. The examination findings do not corroborate the MRI findings. As such, the guideline criteria have not been met and the medical necessity of the requested surgical procedure has not been substantiated.

Associated Surgical Service: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Surgical Assistant.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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

Associated Surgical Service: EKG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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

Associated Surgical Service: Preoperative Medical Clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative testing.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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