

Case Number:	CM15-0164044		
Date Assigned:	09/02/2015	Date of Injury:	10/17/2013
Decision Date:	10/21/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/21/2015

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 45-year-old male, who sustained an industrial injury on October 17, 2013. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included, medications, toxicology screen, MRI, activity modifications, epidural injections, physical therapy, chiropractic care, TENS unit, heat and cold therapy and home exercise program. Currently, the injured worker complains of low back pain involving left lower extremity. He reports the pain is rated at 8 on 10 and leg instability causing falls and near falls. He reports the leg feels like it is giving out. The injured worker is currently diagnosed with displacement of lumbar intervertebral disc without myelopathy. His work status is temporary total disability. A progress note dated April 22, 2015 states the injured worker did not received benefit from chiropractic care, epidurals and physical therapy. A progress noted dated May 26, 2015 states the injured worker has experienced therapeutic failure from epidural injections, physical therapy and activity modifications. A note dated July 6, 2015, states the injured worker achieves efficacy from medication, which allows for improved function and ability to engage in activities of daily living. The note also states the injured worker is able to maintain his home exercise program while taking pain medication. The following surgical procedure and associated services, lumbar decompression left L4-L5, assistant PA-C, preoperative medical clearance and EKG are requested to decrease pain and improve function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression 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: CA MTUS/ACOEM Low back complaints, page 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 Surgical Service: Assistant PA-C: 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.

Associated Surgical Service: Electrocardiogram: 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.

