

Case Number:	CM15-0167998		
Date Assigned:	09/08/2015	Date of Injury:	06/05/2005
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	08/26/2015

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 40-year-old male, who sustained an industrial-work injury on 6-5-05. He reported initial complaints of lower back pain. The injured worker was diagnosed as having intervertebral disc disorder with myelopathy, lumbar region, lumbar sprain-thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included surgery (bilateral micro decompression at L4-5) and physical therapy (12 authorized). The injured worker denies taking medication. MRI results were reported to be performed on 7-10-15 of the lumbar spine that revealed bilateral facet arthropathy between levels L3-S1 with heterogeneous scarring in the posterior soft tissues between levels L4-5. X-Rays results were reported on 7-10-15 revealed minimal scoliosis. Currently, the injured worker complains of lower back pain with radiation to the buttocks and posterior legs. There was also weakness and tingling in bilateral legs and burning sensation in bilateral feet. Prolonged sitting caused numbness in the buttock. Pain was rated 7 out of 10. Per the primary physician's progress report (PR-2) on 7-17-15, exam reports muscle spasms per palpation next to the spinous processes with lying prone. Range of motion and flexion is limited due to pain in the lumbosacral region, straight leg raise above 50 degrees is positive on the left. Current plan of care included surgery. The requested treatments include Bilateral L3/4 and L4/5 Revision Micro decompression, associated surgical service: Assistant surgeon, pre-op medical clearance, associated surgical service: 3-in-1 commode for lumbar region, associated surgical service: Standard lumbar brace purchase, associated surgical service: Walker, post-op physical therapy for the lumbar spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L3/4 and L4/5 Revision Micro Decompression: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Microdiscectomy, Indications for surgery - Discectomy/laminectomy.

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

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 failure of conservative management. Therefore, the guideline criteria have not been met and the request is not medically necessary.

Associated surgical service: Assistant surgeon: 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.

Pre-op 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: 3-in-1 commode for lumbar: 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: Standard lumbar brace purchase: 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: Walker: 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 therapy for the lumbar spine, 12-sessions: 2 times a week for 6 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.