MAXIMUS Federal Services

Case Number:	CM15-0180781		
Date Assigned:	09/22/2015	Date of Injury:	07/28/2014
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/14/2015

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 55 year old male, who sustained an industrial injury on July 28, 2014. The injured worker was diagnosed as having left sciatica and left lumbar four to five stenosis. Treatment and diagnostic studies to date has included shoulder immobilizer, magnetic resonance imaging of the right shoulder, medication regimen, lumbar transforaminal epidural steroid injection, magnetic resonance imaging of the lumbar spine, physical therapy, and x-rays of the lumbar spine. In a progress note dated August 28, 2015 the treating physician reports continued complaints of pain to the left sciatica, right shoulder, left elbow, right leg, and the upper back. Examination on August 28, 2015 was revealing for decreased range of motion to the lumbar spine with pain and pain to the low back with straight leg raises. On June 23, 2015 the treating physician noted magnetic resonance imaging of the lumbar spine that was revealing for multi- level lower thoracic disc degeneration, disc degeneration with disc protrusion at lumbar one to lumbar two, disc degeneration with broad disc protrusion at lumbar three to four, disc degeneration with broad disc protrusion and marginal osteophytosis with the left greater than the right neural foraminal narrowing at lumbar four to five, and disc degeneration with mild central disc protrusion at lumbar five to sacral one. On August 28, 2015 the treating physician requested a left lumbar four to five foraminotomy, along with pre-operative clearance, assistant surgeon, and post-operative lumbar spine brace, with the treating physician noting that this procedure would be "helpful in relieving" the injured worker's left sciatica. On September 09, 2015, the Utilization Review determined the request for left lumbar four to five foraminotomy, pre- operative medical clearance, assistant surgeon, and post-operative lumbar spine brace to be non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4/5 foraminotomy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back, microdiscectomy/laminectomy.

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 evidence from the exam note of 8/28/15 documenting progressive symptoms or a clear lumbar radiculopathy. Therefore, the guideline criteria have not been met and the request is not 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.

Post op lumbar spine 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: As the requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.