MAXIMUS Federal Services

Case Number:	CM15-0191110		
Date Assigned:	10/05/2015	Date of Injury:	02/06/2005
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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, Oregon, Washington
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 51-year-old female injured worker suffered an industrial injury on 2-6-2005. The diagnoses included L4-5 disc protrusion with right L4-5 radiculopathy and lumbar strain. On 8-25-2015, the provider noted right lower back, posterior and lateral leg pain with numbness. The pain was rated 7 out of 10. On exam, the lumbar movements were restricted by 50%. The muscle reflexes were grade 1-2/5 and symmetrical at the patellae and Achilles. There was a positive seated slump test on the right with pain radiating down the leg and this maneuver on the contralateral left side produced right lower back and buttock pain. He reported the neurosurgery consultant 6- 2-2015 recommended the Right L4-5 laminotomy/microdiscectomy. Tramadol and Neurontin were also being used. On 9-3-2015, the provider noted the progress noted of 2-20-2015, 3-23- 2015, 4-27-2015 and 6-11-2015 clearly reveal the pain has been in a right L5 distribution and that she had evidence of a right L4 radiculopathy with patellar hypoflexia. He reported in addition the progress noted also reveal that she did not respond to the L4, L5 transforaminal epidural injections performed 3-11-2015 and 4-8-2015. The provider reported the lumbar magnetic resonance imaging had evidence of L4-5 8 mm right paracentral disc protrusion with compression of the L4-5 nerve roots. The medical record did not indicate if the lumbar support was to be used before or after surgery. The Utilization Review on 9-2-2015 determined non-certification for Right L4-5 laminotomy-microdiscectomy and five (5) days of in-patient stay and Lumbar back support.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 laminotomy/microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic - Discectomy/laminectomy.

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, discectomy/laminectomy criteria.

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 surgical service: five (5) days of in-patient stay: Upheld

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

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 section, Hospital length of stay.

Decision rationale: CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar microdiscectomy. According to the ODG, Low back section, Hospital length of stay, a 1 day inpatient stay is best practice. As a request is for 5 days the request is not medically necessary and appropriate.

Lumbar back support: Upheld

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

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

Decision rationale: CA MTUS/ACOEM guidelines, Chapter 12, page 301 states, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. A back brace used after surgery is under study for fusion and currently not recommended post operatively for any surgery. Therefore the request does not meet recommended guidelines and the request is not medically necessary.