

Case Number:	CM15-0194138		
Date Assigned:	10/12/2015	Date of Injury:	10/27/2008
Decision Date:	11/24/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/02/2015

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: New York, Montana, California
 Certification(s)/Specialty: Neurological 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:

This is a 49 year old male who sustained an industrial injury on 10-27-2008. A review of the medical records indicates that the injured worker is undergoing treatment for failed back surgery syndrome, L4-5 disc herniation with bilateral foraminal stenosis and bilateral saphenous nerve compression. According to the secondary treating physician's interim neurosurgical evaluation dated 3-30-2015, the injured worker complained of pain in his back which radiated to his legs and upper back. Per the treating physician (2-20-2015), the injured worker has not worked since 2011. The physical exam (3-30-2015) revealed "his trunk range of motion is about 50% normal, worse with extension." His strength exam was 5 out of 5 in the bilateral iliopsoas, quadriceps and hamstrings. His anterior tibialis and extensor hallucis longus muscles were 4 out of 5 on the left and 4+ out of 5 on the right. Gastrocnemius muscles were -5 out of 5 bilaterally. His sensation was diminished to the left L5 dermatomal distribution. Reflexes were trace throughout. Per the progress report dated 8-5-2015, the injured worker complained of low back pain. The physical exam (8-5-2015) revealed tenderness to palpation of the paraspinal muscles and positive straight leg raise. The treatment plan included follow up with spine surgeon. Treatment has included lumbar spine surgeries (multiple), physical therapy, acupuncture, psychotherapy and medications (Prilosec, Flexeril, Oxycontin and Percocet). The physician noted (3-30-2015) that electromyography (EMG)-nerve conduction velocity (NCV) showed significant compression of the bilateral saphenous nerves. The treatment plan (3-30-2015) was for bilateral saphenous nerve decompression and bilateral L3-4 laminar foraminotomy and microdiscectomy. The request for authorization was dated 9-15-2015. The original Utilization Review (UR) (9-23-2015) denied requests for bilateral saphenous nerve decompression and bilateral L3-4 laminar foraminotomy and microdiscectomy and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral saphenous nerve decompression and bilateral L3-4 laminar foraminotomy and microdiscectomy: 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), Low Back Chapter.

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

Decision rationale: The California MTUS guidelines do recommend lumbar surgery if there is clear clinical, electrophysiological and imaging evidence of specific nerve root or spinal cord level of impingement which would correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. The guidelines further note that a diagnosis of neurological impairment would entail correlation of aspects of the history and physical findings. Documentation does not show how or where the saphenous nerves are involved in a compressive problem. The requested treatment: Bilateral saphenous nerve decompression and bilateral L3-4 laminar foraminotomy and microdiscectomy is not medically necessary and appropriate.

Associated surgical service: 2 day length of stay: 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), Low Back Chapter.

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: Lumbar brace (purchase): 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), Low Back Chapter, 2015.

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: Cold therapy unit for purchase: 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), Low Back Chapter 2015.

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 for purchase: 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), Hip/Pelvis Chapter 2015.

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.