

Case Number:	CM15-0195759		
Date Assigned:	10/09/2015	Date of Injury:	10/10/2014
Decision Date:	12/10/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/05/2015

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:

The injured worker is a 29 year old male, who sustained an industrial injury on 10-10-2014. The injured worker is undergoing treatment for: lumbar pain, sciatica. On 8-21-15, the provider noted he had "failed all non-surgical therapy". On 9-17-15, he reported low back pain improved to 3-5 out of 10 from 4-5 out of 10. Physical examination revealed a normal gait, no tenderness in the extremities, neck with normal lordosis, no tenderness and full range of motion, thoracic spine without kyphosis, no tenderness and full range of motion. There is no documented examination of the lumbosacral spine. The treatment and diagnostic testing to date has included: medications; chiropractic care; right greater trochanteric bursal injection (6-9-15); magnetic resonance imaging of the lumbar (5-28-15) reported as revealing disk bulge, left neural foraminal narrowing, no significant canal compromise or nerve impingement; physical therapy, and home exercises. Medications have included: Norco, Ibuprofen, Omeprazole, and Tramadol. Current work status: modified. The request for authorization is for: discectomy L5-S1 left, one day hospital inpatient stay, surgical assistant PA-c, pre-operative chest x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discectomy L5-S1 Left: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

MAXIMUS guideline: Decision based on MTUS Low Back 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 requested treatment: Discectomy L5-S1 Left is not medically necessary and appropriate.

Pre-op Chest X-Ray: 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.

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

Associated Surgical Service: 1 day Hospital Inpatient Stay: 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.