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| Case Number: | CM15-0198671 | | |
| Date Assigned: | 10/14/2015 | Date of Injury: | 12/03/2012 |
| Decision Date: | 12/07/2015 | UR Denial Date: | 09/08/2015 |
| Priority: | Standard | Application Received: | 10/09/2015 |

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:

This is a 27 year old female with a date of injury on 12-3-12. A review of the medical records indicates that the injured worker is undergoing treatment for lower back pain. Progress report dated 8-12-15 reports complaints of increasing lower back pain and lower extremities. She completed 4 of the 12 chiropractic session but stopped due to a severe increase in her symptoms. She reports constant, severe pain that is aggravated by bending, lifting, twisting, pushing, pulling, prolonged sitting, standing and walking. The pain is rated 8-9 out of 10. Physical exam: lumbar spine tender across the iliac crest into the lumbosacral spine mostly on the left side extending into the left lower extremity with positive seated nerve root test, range of motion is restricted and guarded due to pain, tingling and numbness in the left lateral thigh, anterolateral and posterior leg and foot. Injection given at this visit: B12 complex mixed with 1 cc of Marcaine and Depo Medrol mixed with 1 cc of Marcaine, tolerated well. Conservative care has failed, surgery recommended. MRI of lumbar spine 5-4-15 reveals abnormalities at L4-5 and L5-S1, here is a 3-4 mm right para-central protrusion at L5-S1 with subligamentous extrusion but no compromise of the S1 nerve root, at L4-5 there is flattening of the right para-median ventral thecal sac with displacement of the right L5 nerve root. Treatments include: medication, chiropractic and injections. Request for authorization dated 8-31-15 was made for left L4 through S1 hemimicro laminotomy and microdiscectomy with neural decompression and possible laminectomy, assistant surgeon, medical clearance, front wheel walker, ice unit, TLSO, and commode. Utilization review dated 9-8-15 non-certified the requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4 through S1 Hemimicro laminotomy and microdiscectomy with neural decompression and possible laminectomy: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discectomy/laminectomy.

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 the MRI from 5/4/15 does not demonstrate evidence of neural compromise to warrant surgical care. Therefore the guideline criteria have not been met and determination is for not medically necessary.

Associated Surgical Services; 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 base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.aaos.org/about/papers/position/1120.asp>.

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

Associated Surgical Services; 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Preoperative testing.

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

Associated Surgical Services; Front wheel walker: 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) Knee and leg, walking aids.

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

Associated Surgical Services; Ice unit: 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, Continuous flow cryotherapy.

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

Associated Surgical Services; TLSO: 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, postoperative brace.

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

Associated Surgical Services; 3-1 Commode: 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) Knee and Leg, DME toilet items.

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

