

Case Number:	CM15-0198963		
Date Assigned:	10/15/2015	Date of Injury:	11/06/2014
Decision Date:	12/08/2015	UR Denial Date:	09/17/2015
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:

The injured worker is a 30 year old male, who sustained an industrial injury on November 06, 2014. The injured worker was diagnosed as having lumbar three to four and lumbar four to five disc herniations with bilateral foraminal stenosis and nerve compression along with mild discogenic changes at lumbar four to five. Treatment and diagnostic studies to date has included medication regimen, physical therapy, X-rays of the back, and injections. In a progress note dated August 04, 2015 the treating physician reports complaints of "severe" back pain and leg radiculopathies. Examination performed on August 04, 2015 was revealing for significant limp to the left leg, decreased motor strength to the muscles of the left lower extremity secondary to pain, decreased sensation to the left lumbar four, lumbar five, and sacral one dermatomal distribution, and left calf atrophy. The progress note on August 04, 2015 did not include the injured worker's numeric pain level as rated on a visual analog scale. On August 04, 2015 the treating physician note magnetic resonance imaging of the lumbar spine performed on February 14, 2015 that was revealing for "mild discogenic changes at lumbar four to five" and "disc herniations at both the lumbar three to four and lumbar four to five levels with bilateral foraminal stenosis." The progress note on August 04, 2015 indicated that the injured worker "completed all therapies at this point", but did not include the types of therapies and if the injured worker experienced any functional improvement in activities of daily living or a decrease in the injured worker's pain level prior to the therapies and after the therapies to determine the effects of the prior therapies. The treating physician also noted on this date that prior injections provided no "overall improvement". On August 04, 2015 the treating physician requested bilateral

intraforaminal microdiscectomy at lumbar three to four and lumbar four to five with interlaminar motion preservation and stabilization with [REDACTED] devices noting that the injured worker "continues to be markedly dysfunctional" along with noting "extensive conservative care and injectional care to the lumbar spine without any overall improvement." The treating physician also requested a two day inpatient stay, rental of a walker for two to three weeks post-operatively, rental of a cold therapy unit for two to three weeks post-operatively, and the purchase of a brace for the lumbar spine post-operatively, but did not indicate the specific reasons for the requested length of stay and equipment. On September 17, 2015 the Utilization Review determined the requests for bilateral intraforaminal microdiscectomy at lumbar three to four and lumbar four to five with interlaminar motion preservation and stabilization with [REDACTED] devices, two day inpatient stay, rental of a walker for two to three weeks post-operatively, rental of a cold therapy unit for two to three weeks post-operatively, and the purchase of a brace for the lumbar spine post-operatively to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral intraforaminal microdiscectomy at L3-4 and L4-5 with interlaminar motion preservation and stabilization with [REDACTED] devices: Upheld

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

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

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 exam note of 8/4/15 does not document a surgical lesion and a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and the request is not medically necessary.

Associated surgical service: Inpatient stay x 2 days: 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, Hospital length of stay.

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

Post-op walker, 2-3 weeks rental: 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.

Post-op Cold therapy unit, 2-3 weeks rental: 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.

Post-op purchase of 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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Back brace, Postoperative.

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