

Case Number:	CM15-0202639		
Date Assigned:	10/19/2015	Date of Injury:	05/17/2009
Decision Date:	12/02/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/15/2015

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 44 year old male who sustained a work-related injury on 5-17-09. Medical record documentation on 8-20-15 revealed the injured worker was being treated for left lower extremity radiculopathy. He reported constant low back pain with radiation of pain to the left leg. He had associated numbness and tingling of the left leg and foot. Previous therapy included physical therapy which worsened the pain and an epidural which provided no relief. He reported that his left leg felt as if it would give out at times. He reported left leg weakness, difficulty walking and used a cane for assistance. He rated his pain a 5-7 on a 10-point scale and noted it was worse with walking, standing, and quick movements. Objective findings included 5-5 strength in the bilateral upper extremities and bilateral lower extremities. His sensation was grossly intact throughout and reflexes were 2 throughout. He had mild discomfort over the left sacroiliac joint. On 8-27-15 the injured worker was admitted to the hospital for acute on chronic low back pain. He had left side sciatica and difficulty with ambulation. An MRI of the lumbar spine on 8-27-15 revealed degenerative changes with disc bulges predominately at the L4-5 and L3-4 levels. These were documented as being previously present. On 8-30-15, he underwent left L3-L4 microdiscectomy. On 9-24-15, the Utilization Review physician determined Microdiscectomy at left L3-4 with associated inpatient four (4) day stay, post-operative Norco 10-325mg, post-operative Soma 350mg, MRI of the lumbar spine without contrast and Prednisone 20mg was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy, Left lumbar, L3-L4 (retrospective DOS 08/30/15): Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Special Studies, 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. To mandate a discectomy at L3-4 one would expect the radicular signatures of this level to be found which would correlate with his MRI scan and symptoms. The patient had onset of low back pain that radiated into his abdomen and pelvis. He indicated painful urination and penile pain. These complaints are not typical of a L3-4 disc problem. Moreover his exam showed intact patellar reflexes. His MRI scan showed no new abnormalities only disc bulges at L4-5, L3-4. The requested treatment: Microdiscectomy, Left lumbar, L3-L4 (retrospective DOS 08/30/15) is not medically necessary and appropriate.

Associated Surgical Services: Inpatient stay, 4 days: 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.

Post-operative meds: Norco 10/32 mg QTY: 50.00, every 4 hours as needed for pain:
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.

Post-operative meds: Soma 350mg QTY: 50.00, every 8 hours as needed for spasms: 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 Services: MRI (magnetic resonance imaging), lumbar spine without contrast (retrospective DOS 08/27/2015): 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.

Prednisone 20gm QTY: 20.00 with 0 refills, orally 2 times daily for 10 days: 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.