

Case Number:	CM15-0020087		
Date Assigned:	02/09/2015	Date of Injury:	06/01/2012
Decision Date:	04/07/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/03/2015

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 31 year old male, who sustained a work/ industrial injury as a carpenter on 6/1/12 when he slipped and fell about 25 feet from a structure to the ground. He has reported symptoms of low back pain. Prior medical history was not documented. The diagnosis was spinal stenosis of the lumbar spine. Surgery included lumbar fusion of T12 to L2 and fusion on 2/28/14 at which time a discectomy and fusion at L5-S1 level was performed. Treatments included surgery, medication, and physical therapy. A Magnetic Resonance Imaging (MRI) of the lumbar spine on 11/18/14 showed at the level L4-5, a 4 mm retrolisthesis of L4 on L5 which resulted in a pseudo bulge and mild facet hypertrophy, mild left foramina narrowing. There was no spinal or lateral recess stenosis or right sided neural foraminal narrowing compared to an MRI performed on 10/15/13. An x-ray of the lumbar spine done on 4/10/14 noting s/p T12-L1 interpedicular fusion and L5-S1 interbody and bilateral interpedicular fusion with 8mm anterolisthesis of L5 on S1 which was unchanged after the fusion. The treating physician's report, dated 12/19/14 noted left leg numbness and weakness. With moderate to severe tenderness on palpation of the mid lumbar spine, positive straight leg raise on the left. Plan was for an L4-5 discectomy and foraminotomy on the left. On 1/22/15, Utilization Review non-certified Surgery-Left 4-5 Discectomy and Foraminotomy; Associated surgical service: Length of stay x 1 day; Associated surgical service: Surgery-Assistant; Associated surgical service: Diagnostic test-Pre-op Chest x-ray, noting the California Medical treatment Utilization Schedule (MTUS) Guidelines and American College of Occupational and Environmental Medicine (ACOEM) Guidelines, and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery - Left L4-5 Discectomy and Foraminotomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Surgical Consideration for Root Decompression, pages 305-308; Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2015, Low back chapter Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 case the MRI of the lumbar spine from 11/18/14 does not demonstrate significant compression to warrant surgical care. Therefore the guideline criteria have not been met and determination is for non-certification.

Associated surgical service: Length of Stay times 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Surgical Consideration for Root Decompression, pages 305-308; Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2015, Low back chapter Discectomy/laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.

Associated surgical service: Surgery - Assistant: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition

(2004), Surgical Consideration for Root Decompression, pages 305-308; Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2015, Low back chapter Discectomy/laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1. <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 service: Diagnostic test - Pre op Chest X-Ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition (2004), Surgical Consideration for Root Decompression, pages 305-308; Official Disability Guidelines (ODG), Treatment Index, 15th Edition (web), 2015, Low back chapter Discectomy/laminectomy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, 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.