

Case Number:	CM15-0029827		
Date Assigned:	02/23/2015	Date of Injury:	03/04/2013
Decision Date:	04/21/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/17/2015

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: Pediatrics, 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 28-year-old female who reported an injury on 03/04/2013. The mechanism of injury was not specifically stated. The current diagnosis is lumbar disc herniation. The injured worker presented on 11/14/2014 for a surgical consultation. Upon examination, there was tenderness to palpation in the left paravertebral musculature about the lumbosacral region and left sciatic notch. The injured worker was able to forward flex with the fingertips approximately several inches from the floor. Straight leg raising was positive on the left for back, buttock and calf discomfort. Sensation was decreased in the left calf. Motor strength was 5/5 in the bilateral lower extremities. Recommendations at that time included a 1 level micro lumbar discectomy at L5-S1. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

One level micro lumbar discectomy at L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Fusion (spinal).

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiological evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines recommend a discectomy/laminectomy when there is objective evidence of radiculopathy upon examination. Imaging studies should reveal nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy, and epidural steroid injection. There should also be documentation of a referral to physical therapy, manual therapy, or the completion of a psychological screening. In this case, it is noted that the injured worker has objective evidence of radiculopathy despite conservative treatment. However, it was noted that the injured worker was issued authorization for a 1 level micro lumbar discectomy at L5-S1 on 01/21/2015. The medical necessity for an additional request has not been established in this case. As such, the request is not medically appropriate.

10 minimum follow up visits post op: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back Procedure.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a physician follow up can occur when a release to modified, increased, or full duty is needed, or after appreciable healing or recovery can be expected. In this case, it is noted the injured worker received authorization for a 1 level micro lumbar discectomy at L5-S1. Therefore, 1 follow up visit following the surgical procedure can be determined as appropriate in this case. However, the request as submitted for 10 follow up sessions cannot be determined as medically appropriate. Therefore, the request is not medically necessary.