

Case Number:	CM15-0210819		
Date Assigned:	10/29/2015	Date of Injury:	07/30/2012
Decision Date:	12/10/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	10/27/2015

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 injured worker is a 35 year old male who reported an industrial injury on 7-30-2012. His diagnoses, and or impressions, were noted to include: post-lumbar laminectomy syndrome; radiculopathy; lumbar disc disorder with myelopathy; history of chronic lower back and left-sided buttock pain, with foot numbness, with no improvement following lumbar discectomy surgery. MRI of the lumbar spine was said to have been done on 5-6-2012, noting significant findings; x-rays of the lumbar spine were said to have been done on 9-14-2012, & 5-6-2015 noting abnormal findings; and electrodiagnostic studies were said to have been done, showing no radiculopathy. His treatments were noted to include: lumbar surgery in 2014 - ineffective, with 8 post-operative physical therapy in 1-2015; medication management; and modified work duties. The progress notes of 6-24-2015 reported: worsening, constant, severe pain, rated 8 out of 10, mostly in the left, mid-line lower back, that radiated to the left buttock; pain in the left foot-ankle with numbness; occasional weakness; and limited ability to sit, stand or walk. The progress notes of 10-15-2015 reported no changes or improvement in pain or symptoms which were present every day. The objective findings were noted to include: no distress; the ability to sit comfortably during the examination, without evidence of pain; moderate tenderness over the left sacroiliac area and left buttock sciatic distribution; diffuse hypoesthesia I the lumbar-lumbosacral distribution on the left; limited and painful end back range-of-motion; no evidence of myelopathy; that x-rays and MRI show a left-sided lumbar 4-sacral 1 herniated disc and that he had been slowly getting worse since his surgery in 2014, with recurrent or persistent disc herniation at lumbar 4-sacral 1 on the central and left side, consistent with his symptoms and

findings. The physician's request for treatments were noted to include revision lumbar surgery with lumbar 4-sacral 1 left side lumbar micro-discectomy; with pre-operative evaluation and clearance with routine laboratories. The Request for Authorization, dated 10-20-2015, was noted for posterior revision lumbar micro-discectomy of left lumbar 4-sacral 1; with multiple pre-operative laboratories. The Utilization Review of 10-26-2015 non-certified the request for an outpatient, anterior revision of lumbar micro-discectomy of left lumbar 4-sacral 1; with multiple pre-operative laboratories.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient posterior revision lumbar microdiscectomy L4-S1, left: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Low Back - Lumbar & Thoracic (Acute & Chronic) Chapter: Microdiscectomy.

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. This should correlate with severe, persistent debilitating lower extremity pain unresponsive to conservative management. Documentation does not provide this evidence. The requested treatment: Outpatient posterior revision lumbar microdiscectomy L4-S1, left is not medically necessary and appropriate.

Pre-operative Labs: CBC (complete blood count): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Low Back Chapter - Preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Labs: BMP (basic metabolic panel): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Low Back Chapter - Preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Labs: PT/PTT (prothrombin time/partial thromboplastin time): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Low Back Chapter - Preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-operative Labs: INR (international normalized ratio): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Work Loss Data Institute, Low Back Chapter - Preoperative testing general.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.