

Case Number:	CM15-0032363		
Date Assigned:	02/25/2015	Date of Injury:	02/10/2011
Decision Date:	04/22/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/20/2015

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: Oregon, 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:

The injured worker is a 37-year-old female who reported an injury on 10/02/2011. The mechanism of injury was not specifically stated. The current diagnosis is recurrent lumbar disc herniation at L4-5. On 01/12/2015, the injured worker presented for a follow-up evaluation. It was noted that the injured worker was status post lumbar microdiscectomy in 2011. The injured worker experienced a recurrence of right leg pain. Upon examination, there were normal deep tendon reflexes, normal motor strength, and positive straight leg raising reproducing back pain with mild leg and buttock pain. A recent MRI study dated 12/18/2014 was reviewed with the injured worker on that date. The provider recommended a second microdiscectomy. The official MRI of the lumbar spine was submitted for review, dated 12/18/2014, and revealed evidence of a 6 mm to 7 mm right paracentral and lateral recess extrusion with a 3 mm to 4 mm disc bulge extending in the neural foramina bilaterally mildly narrowing the neural foramina. 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:

Re-Do Right L4-5 Hemilaminotomy and L4-5 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. 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, Discectomy/Laminectomy.

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 electrophysiologic 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 evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy, or the completion of a psychological screening. In this case, the injured worker is status post microdiscectomy in 2011. Although the injured worker has positive findings on a recent imaging study, there is no objective evidence of radiculopathy upon examination. There is also no mention of a recent exhaustion of conservative treatment prior to the request for a second surgery. Given the above, the request is not medically appropriate at this time.

Associated Surgical Service: Assistant Surgeon: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Medical Clearance Labs: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated Surgical Service: 23 Hours Stay: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.