MAXIMUS Federal Services

Case Number:	CM15-0033757		
Date Assigned:	02/27/2015	Date of Injury:	02/03/2014
Decision Date:	04/22/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/23/2015

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: Texas
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 53-year-old male who reported an injury on 02/03/2014. The injured worker reportedly suffered a low back strain while moving a pipe onto a forklift. The current diagnoses include herniated nucleus pulposus at L5-S1, lumbar radiculopathy, and lumbar stenosis. The injured worker presented on 01/13/2015 for a followup evaluation with complaints of low back and bilateral lower extremity pain. The injured worker was status post transforaminal epidural steroid injection at the left L5-S1 level on 11/40/2014 with significant relief of symptoms. The injured worker had also been treated with medications, chiropractic therapy, physical therapy, and home exercise. The injured worker was utilizing Norflex, naproxen, Pamelor, Flexeril, and Ultracet. Upon examination, there was decreased in the right L4 and L5 dermatomes, limited motor examination secondary to pain, 4+/5 weakness, diminished patellar and Achilles reflexes bilaterally, positive slump test, and positive straight leg raise on the right at 40 degrees. Recommendations at that time included a microscopic lumbar decompression at the right L4-5 and L5-S1 level. 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:

Spine Surgery Microscopic Lumbar Decompression right L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 lumbar discectomy/laminectomy when there is evidence of lumbar radiculopathy upon examination. Imaging studies should reveal 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 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 evidence of motor weakness, diminished reflexes, diminished sensation and positive straight leg raise. However, there were no official imaging studies provided for this review. In the absence of a formal MRI corroborating the reported evidence of neural compromise, surgical intervention would not be supported. Given the above, the request is not medically appropriate at this time.

Associated surgical service: follow up in six weeks (f/u 6 wks): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Cyclobenzaprine 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Tramadol/APAP 37.5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Nortriptyline HCL 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Naproxen sodium 550mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Ketoprofen 20%: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.