

Case Number:	CM15-0039411		
Date Assigned:	03/09/2015	Date of Injury:	06/01/2014
Decision Date:	04/16/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/02/2015

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
 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 33-year-old male, who sustained an industrial injury on 06/01/2014. He has reported subsequent back pain and was diagnosed with lumbar strain. Treatment to date has included oral pain medication. In a progress note dated 08/20/2014, the injured worker complained of back pain with radiation to the left leg along with numbness and tingling. Objective findings were notable for lower back pain with neck flexion. No documentation was submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discectomy: 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.

Decision rationale: The California MTUS guidelines advise referral for surgical consultation if the patient has extreme progression of lower leg symptoms. Documentation does not disclose this to be the case. The guidelines indicate that there should be a failure of conservative treatment to try to resolve disabling radicular symptoms. Documentation does not provide details of the conservative treatment the patient has tried. Thus the requested treatment: lumbar discectomy is not medically necessary and appropriate.

Transpedicular approach with decompression of spinal cord, equina and or nerve roots: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: lumbar discectomy is not medically necessary and appropriate, then the Requested Treatment transpedicular approach with decompression of spinal cord, equina and or nerve roots is not medically necessary and appropriate.

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

Injection procedure for discography: 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.

Decision rationale: The California MTUS guidelines furnish criteria for discography. The patient has not met these criteria. For example, documentation does not provide evidence of satisfactory results from a detailed psychosocial assessment. The guidelines indicate the patient should have failed conservative treatment. Documentation does not provide evidence this has occurred. Thus the requested treatment: injection procedure for discography is not medically necessary and appropriate.

Pre-operative clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: lumbar discectomy is not medically necessary and appropriate, then the Requested Treatment Pre-operative clearance is not medically necessary and appropriate.

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

Post-operative physical therapy, 3 times a week for lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the requested treatment: lumbar discectomy is not medically necessary and appropriate, then the Requested Treatment: Post-operative physical therapy, 3 times a week for lumbar spine is not medically necessary and appropriate.

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

Percocet 10/325 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-On-going management Page(s): 78.

Decision rationale: The California MTUS recommend actions for on-going management should include the lowest possible doses should be prescribed to improve pain and function. Documentation does not furnish evidence of how this information was derived. The guidelines recommend ongoing review and documentation of pain relief and functional status. The records do not show this was done. The guidelines recommend the patient keep a diary. No evidence is provided this was done. The requested treatment: Percocet 10/325mg #60 is not medically necessary and appropriate.