

Case Number:	CM15-0047380		
Date Assigned:	03/19/2015	Date of Injury:	09/19/2014
Decision Date:	05/01/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/12/2015

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:

This 30 year old female, physical education teacher reported she was jumped on by a student in a soccer game she was coaching in June 2013. She developed back pain and numbness, weakness, pain and tingling in her left leg. On 07/29/14 she underwent a left L4-5 decompression. On 09/19/2014 she reported re-injury to the low back when she went to grab a falling volleyball pole. The PR2 of 9-22-14 noted she declined pain meds and work restrictions. The PR2 of 10/20/14 noted the numbness, tingling and weakness of the left leg that had been present following her first operation was still present. The PR2 of 11/20/14 noted a left hyperreflexia with negative straight leg tests. She was diagnosed as having a lumbar strain-sprain. She responded to oral steroids, but then had further pain for which she was taking chronic narcotics and Neurontin. The PR2 of 12/11/14 noted she took Norco to help her sleep. Documentation shows she went to physical therapy but did not resume this after the September injury. The injured worker was diagnosed as having lumbar disc disease and lumbar radiculopathy. Treatment to date has included medication, diagnostic testing, MRI scan and physical therapy. The MRI scan of 12/17/14 was without contrast and reported a slight progression of a left L4-5 disc herniation with compromise of the lateral recess. A progress report from the treating provider, dated 02/24/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of worsening low back pain and weakness; and she wishes to discontinue Neurontin. Objective findings included tenderness to the bilateral mid to low lumbar paraspinal muscles areas; and diminished toe-raise on the left. The treatment plan includes surgical intervention, a recurrent left lumbar 4-5 discectomy, and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Recurrent Left Lumbar 4-5 Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 307.

Decision rationale: The California MTUS guidelines note that surgical consultation is indicated if the patient has persistent, severe and disabling lower extremity symptoms. The documentation shows this patient has been complaining of pain in the back and leg. Documentation does not disclose disabling symptoms. The guidelines also list the criteria for clear clinical, imaging and electrophysiological evidence consistently indicating a lesion which has been shown to benefit both in the short and long term from surgical repair. The MTUS guidelines also emphasize conservative treatment should be have failed before surgery is recommended. Documentation does not show this evidence. No electrophysiological evidence is presented to show new neurological compromise. Physical examination shows she had negative straight leg raising tests. No atrophy is described. She continued to have the same numbness and weakness she had had with her first operation. The requested treatment is for a recurrent left lumbar L4-5 discectomy but the provider was also cautioning the patient that a fusion might be necessary. The MTUS guidelines also recommend psychosocial assessments. Documentation does not show this has been done. The guidelines note that the efficacy of fusion without instability has not been demonstrated. Documentation does not show instability. The requested treatment: Recurrent left lumbar 4-5 discectomy is not medically necessary.

Associated Surgical Service: 2 Day Hospital Stay: 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).

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: Assistant Surgeon: 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).

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-Op Appointment to Include CBC and Chem Panel: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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.