

Case Number:	CM15-0049547		
Date Assigned:	03/24/2015	Date of Injury:	12/13/2012
Decision Date:	05/11/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/16/2015

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 46-year-old female who reported injury on 12/13/2012. The mechanism of injury was the injured worker put away a food order. The injured worker underwent an x-ray of the lumbar spine on 01/23/2015, which revealed there was mild scoliosis convex to the right. There was disc space narrowing with mild peripheral changes and endplate sclerosis at L4-5 and L5-S1. The injured worker underwent an MRI of the lumbar spine on 01/15/2015, which revealed, at the level of L4-5, there was disc desiccation with broad based central disc herniation measuring approximately 3 mm to 4 mm AP. There was an annular tear present along the caudal margin of the disc space. There was moderate narrowing of the caudal margin of the neural foramina bilaterally. There was mild facet arthropathy. Electrodiagnostic studies revealed electromyographic findings that were supportive of chronic L3 nerve root irritation on the right side. The documentation of 01/21/2015 revealed the injured worker had received epidural steroid injections. The injured worker's medications included Ultram ER 150 mg daily, Prilosec 20 mg 2 times a day, and Anaprox DS 550 mg 2 times a day. The physical examination of the lumbar spine revealed tenderness to palpation bilaterally with increased muscle rigidity in the posterior lumbar musculature. There were numerous trigger points that were palpable and tender throughout the lumbar paraspinals. The injured worker had decreased range of motion. The deep tendon reflexes were 1/4 on the right at the Achilles. The lower extremity motor testing was 4+/5 on the right for knee flexion and extension, ankle flexion and extension, and great toe extension. There was decreased sensation in the posterolateral thigh and posterolateral calf in the approximate L5-S1 distribution on the right. The straight leg raise in a modified sitting position

was positive on the right which caused radicular symptoms in comparison to the left lower extremity. The diagnoses included lumbar myoligamentous injury with right lower extremity radicular symptoms and medication induced gastritis. The treatment plan included a refill of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 306.

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

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair and documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide documentation of the duration of recent conservative care. There was a lack of documentation of MRI findings and electrophysiologic evidence supporting nerve impingement at the requested level. Given the above, the request for Right L4-L5 Microdiscectomy is not medically necessary.

Post-Operative physical therapy x 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical 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.

Associated surgical service: Cold Therapy Unit: 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), Low Back Chapter, Cryotherapy.

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: X-rays with AP, lateral/flexion and extension views: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

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: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, page 127.

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: Back Brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 9, 298 and 301.

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.