

Case Number:	CM15-0055842		
Date Assigned:	04/01/2015	Date of Injury:	06/24/2013
Decision Date:	05/01/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	03/24/2015

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 42 year old male who sustained a work related injury on June 24, 2013, incurring low back injuries from pulling and twisting. He was diagnosed with lumbar disc displacement, lumbar facet arthropathy and lumbar radiculopathy. Treatment included muscle relaxants, pain medications, physical therapy, acupuncture sessions, chiropractic manipulation, and two lumbar epidural steroid injections. The lumbar MRI of 9/24/2013 reported bulging lumbar discs. The follow-up EMG and NCV of 07/16/14 were normal as was study on 11/12/13. Currently, the injured worker complained of continued moderate low back pain which radiates to the thighs. The treatment plan that was requested for authorization included a lumbar microdiscectomy, right sided hemi-laminotomy, foraminotomy decompression, assistant surgeon for the lumbar surgery, post-operative cryotherapy for the lumbar spine, post-operative physical therapy for the lumbar spine, and pre-operative clearance for the lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-4, L4-5 microdiscectomy right-sided hemilaminotomy foraminotomy decompression:
 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 for lumbar disc surgery emphasize the importance for the presence of 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. Documentation does not show this evidence. The requested treatment is for lumbar microdiscectomies. The documentation does not show disc herniations but only shows bulging discs and does not describe encroachment on the patient's nerve roots. Moreover, the patient's EMGs were normal. The requested treatment: L3-4, L4-5 microdiscectomy right-sided hemilaminotomy foraminotomy decompression is not medically necessary and appropriate.

Post-operative cyrotherapy 2 times a week for 6 weeks for the 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 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.

Post-operative physical therapy 2 times a week for 6 weeks for the 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 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 clearance for the lumbar surgery: 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.

Assistant surgeon for the lumbar surgery: 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.