

Case Number:	CM15-0057784		
Date Assigned:	04/02/2015	Date of Injury:	09/12/2012
Decision Date:	05/05/2015	UR Denial Date:	03/25/2015
Priority:	Standard	Application Received:	03/26/2015

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: California

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 44-year-old male, who sustained an industrial injury on 9/12/2012. He reported injury while lifting as a coworker climbed over him causing immediate back pain with radiation of pain, numbness and tingling to bilateral lower extremities. Diagnoses include spinal stenosis, lumbar disc disease with myelopathy, and lumbar radiculopathy. Treatments to date include medication therapy, physical therapy, TENS unit, and steroid epidural injections. Currently, they complained low back pain that radiated to left lower extremity with weakness, leg "giving out", numbness and tingling. On 3/17/15, the physical examination documented diminished L5 sensation and S1 sensation. MRI lumbar spine from 2/2/15 demonstrates L5/S1 laminar defect without stenosis and L4/5 central disc herniation without stenosis. The plan of care included left sided L4-5 decompression without fusion, and Left side L5-S1 foraminotomy with limited decompression and associated care.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery: Left sided L4-L5 decompression without fusion: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guideline, Low Back, Discectomy/Laminectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient, the MRI from 2/2/15 does not demonstrate any evidence of neural compression at L4/5 or L5/S1. Therefore, the guideline criteria have not been met, the request is not medically necessary and determination is for non-certification.

Surgery: Left sided L5-S1 Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines, Low back, Discectomy/laminectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient, the MRI from 2/2/15 does not demonstrate any evidence of neural compression at L4/5 or L5/S1. Therefore, the guideline criteria have not been met, the request is not medically necessary, and determination is for non-certification.

X-Ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296-297; 304.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Office visits.

Decision rationale: CA MTUS/ACOEM is silent on office visits. According to the ODG Pain section, Office visits, Recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As

patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self care as soon as clinically feasible. In this case, the exam note from 3/17/15 does not demonstrate complex diagnosis, or significant objective findings to warrant an x-ray. Therefore, the request is not medically necessary and the determination is for non-certification.