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| Case Number: | CM15-0058635 | | |
| Date Assigned: | 04/03/2015 | Date of Injury: | 08/12/2013 |
| Decision Date: | 05/04/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/27/2015 |

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 54-year-old female, with a reported date of injury of 08/12/2013. The diagnoses include lumbosacral spine strain, L4-5 disc herniation with radiculopathy. Treatments to date include an MRI of the lumbar spine, three epidural steroid injections, chiropractic treatment, oral medications, and pain management. The medical report dated 01/27/2015 indicates that the injured worker complained of severe low back pain with radiation to the right lower extremity. The objective findings include trigger points noted at the sacroiliac joint, and palpation produced leg pain, and the low back pain had not changed with treatment much. The treating physician requested a right L4-5 microlumbar discectomy, a twenty-three hour stay, and pre-operative medical clearance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-L5 microlumbar discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter; AMA Guides, 5th Edition, page 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: This 54 year old female has complained of low back pain since date of injury 8/12/13. She has been treated with epidural steroid injection, chiropractic therapy, physical therapy and medications. The current request is for right L4-L5 microlumbar discectomy. Per the ACOEM guidelines cited above, referral for surgical consultation is indicated for patients who have: severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise. There is no documentation in the available medical records of objective radicular findings or neural compromise. On the basis of the available medical records and per the ACOEM guidelines cited above, right L4-L5 microlumbar discectomy is not medically necessary.

Associated surgical service: 23 hour 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), Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: This 54 year old female has complained of low back pain since date of injury 8/12/13. She has been treated with epidural steroid injection, chiropractic therapy, physical therapy and medications. The current request is for associated surgical service 23 hour stay. Per the ACOEM guidelines cited above, referral for surgical consultation is indicated for patients who have: severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise. There is no documentation in the available medical records of objective radicular findings or neural compromise. On the basis of the available medical records and per the ACOEM guidelines cited above, right L4-L5 microlumbar discectomy is not indicated as medically necessary. It follows therefore that associated surgical service 23 hour stay is also not medically necessary.

Pre-op medical clearance: 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.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: This 54 year old female has complained of low back pain since date of injury 8/12/13. She has been treated with epidural steroid injection, chiropractic therapy,

physical therapy and medications. The current request is for pre-op medical clearance. Per the ACOEM guidelines cited above, referral for surgical consultation is indicated for patients who have: severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), with accompanying objective signs of neural compromise. There is no documentation in the available medical records of objective radicular findings or neural compromise. On the basis of the available medical records and per the ACOEM guidelines cited above, right L4-L5 microlumbar discectomy is not indicated as medically necessary. It follows therefore that pre-op clearance is also not medically necessary.