

Case Number:	CM15-0059209		
Date Assigned:	04/03/2015	Date of Injury:	09/02/2013
Decision Date:	05/06/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/30/2015

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 28-year-old male who sustained an industrial lifting injury to his lower back on September 2, 2013. Treatment to date includes magnetic resonance imaging (MRI) on February 3, 2015, physical therapy with 15 sessions completed, lumbar spine transforaminal epidural steroid injection (ESI) on September 10, 2014 and medications. The injured worker was diagnosed with lumbar spine sprain and sciatica. According to the primary treating physician's progress report on January 15, 2015, the injured worker continues to experience symptomatic low back pain radiating to the left leg associated with numbness, tingling and weakness which is unchanged from previous examinations. The injured worker was reevaluated by the orthopedic surgeon February 13, 2015 with worsening symptoms of the lower extremity and diagnosed with symptomatic lumbar spine degenerative disc disease, herniated nucleus pulposus, lumbar spine spinal stenosis and radiculopathy. Current medications are listed as Metaxalone, Ibuprofen and Carisoprodol. Treatment plan consists of the current request for lumbar decompression L5-S1 surgical intervention and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left lumbar matrix decompression L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation AMA guides, www.aetna.com/cpb/medical/data/1_99/0016.html, www.anthem.com/medicalpolicies/policies/mp_pw_a053367.htm.

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

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 low back radiating into left leg. Documentation does not disclose recent disabling symptoms corroborated on examination. 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. Documentation does not show this evidence. Documentation does not disclose a psychological assessment, which is recommended by the guidelines. The requested treatment for a lumbar decompression L4-5 is not medically necessary and appropriate.

Associated 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.

Associated service: Aspen quick draw-DME: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. 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.

Associate service: Post op physical therapy two times six weeks: 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.