

Case Number:	CM15-0059804		
Date Assigned:	04/06/2015	Date of Injury:	05/24/2013
Decision Date:	05/08/2015	UR Denial Date:	03/19/2015
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 53 year old male who sustained an industrial injury on 05/24/2013. Diagnoses include lumbar spine sprain with Magnetic Resonance Imaging evidence of bulging lumbar discs at multiple levels and neural foraminal stenosis, and lumbar facet arthropathy, subjective sciatica, and hypertension and ulcerative colitis on a nonindustrial basis, which affect the patient's treatment. Treatment to date has included diagnostic studies, medications, physical therapy, acupuncture and chiropractic sessions, and lumbar epidural injections. A physician progress note dated 03/04/2015 documents the injured worker has complaints of continued dull aching pain and a burning sensation in the lumbar spine. It radiates and baseline pain is rated a 4-6 out of 10. He has a normal gait pattern. There is tenderness to palpation over the lumbar paraspinals, and there is limited range of motion of the lumbar spine by pain. A physician note dated 03/05/2015 revealed low back pain which travels to both thighs and an increase in pain in the last several days. He has muscle spasms and limited range of motion. Treatment requested is for assistant surgeon for the lumbar surgery, post-operative cryotherapy for the lumbar spine, twice weekly for six weeks, L3-L4 and L4-L5 microdiscectomy right sided & hemilaminotomy foraminotomy decompression, post-operative physical therapy for the lumbar spine, twice weekly for six weeks, and pre-operative clearance for lumbar surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 and L4-L5 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 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 the back. Documentation does not disclose disabling lower extremity symptoms. 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. The requested treatment is for a microdiscectomy but the MRI scan report of 9/24/13 does not mention any herniated lumbar discs. The requested treatment: L3-L4 and L4-L5 microdiscectomy right sided & hemilaminotomy foraminotomy decompression is not medically necessary and appropriate.

Post-operative cryotherapy for the lumbar spine, twice weekly for six weeks: 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 for the lumbar spine, twice weekly for six weeks: 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 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.