MAXIMUS Federal Services

Case Number:	CM14-0124906		
Date Assigned:	09/25/2014	Date of Injury:	10/10/2013
Decision Date:	11/13/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/07/2014

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. The expert reviewer is Board Certified in Orthopedic Spine Surgeon, and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 29-year-old male who reported an injury on 10/10/2013. The mechanism of injury involved heavy lifting. The current diagnoses include cervical degenerative disc disease, cervical myospasm, thoracic kyphosis, old compression T6 fracture, lumbar disc protrusion, lumbar degenerative disc disease, right lower extremity radiculopathy, and status post lumbar epidural steroid injection on 03/05/2014. The injured worker was evaluated on 06/20/2014 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment is noted to include physical therapy, chiropractic treatment, acupuncture, bracing, anti-inflammatory medication, and lumbar epidural steroid injections. The physical examination revealed tenderness to palpation, guarding, spasm, trigger points in the mid trapezius region, restricted lumbar range of motion, and decreased sensation in the bilateral S1 dermatome. Treatment recommendations at that time included a lumbar laminotomy, microdiscectomy, foraminotomy, and decompression at the right L4-5 level. It is noted that the injured worker underwent an electrodiagnostic study on 02/25/2014 which indicated normal findings. There was no Request for Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Laminectomy, Microdiscectomy, Foraminotomy and Decompression at Right L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines, 11th edition (web) 2014, Low Back, Laminectomy Discectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTUS ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms; activity limitation for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and failure of conservative treatment. As per the documentation submitted, the injured worker has exhausted conservative treatment. However, the Official Disability Guidelines state prior to a discectomy/laminectomy, there should be evidence of radiculopathy upon physical examination. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy, and epidural steroid injection. There was no official MRI submitted for this review. The injured worker's electrodiagnostic study indicated normal findings. Therefore, the current request cannot be determined as medically appropriate at this time. As such, the request is not medically necessary.

Pre-Operative Medical Clearance: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Post-Operative Physical Therapy (12-sessions, 3 times per week for 4 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Post-Operative Lumbar Brace: 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.

Post-Operative Cold Therapy (7 day rental): 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: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.