

Case Number:	CM14-0140595		
Date Assigned:	09/10/2014	Date of Injury:	03/27/2013
Decision Date:	11/14/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	08/29/2014

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 Surgery 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 52-year-old male reported an injury on 03/27/2013 due to repetitive trauma while performing on the job duties. The injured worker reportedly sustained an injury to his neck and bilateral upper extremities. The injured worker's treatment history included physical therapy, medications, and 3 epidural steroid injections. The medical records were reviewed. The injured worker was evaluated on 07/29/2014. It was documented that the injured worker had persistent neck pain radiating into the right shoulder, elbow, and hand; and persistent low back pain radiating into bilateral lower extremities. The injured worker reported pain levels to be at an 8/10. Physical findings included 5/5 lower extremity motor strength, with diminished sensation to light touch and pinprick in the right posterior calf over the left posterior calf and lateral foot. The injured worker had a positive left sided straight leg raising test. The injured worker had previously undergone an MRI 07/10/2014, which documented there was a disc bulge at the L5-S1 causing lateral recess stenosis and impingement of the exiting S1 nerve root. A request was made for bilateral microdecompression at the L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Bilateral Microdecompression Surgery: 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): 310.

Decision rationale: The requested L5-S1 bilateral microdecompression surgery is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends surgical decompression to assist with alleviation of radicular pain syndrome symptoms. The clinical documentation submitted for review does indicate that the injured worker has radicular pain syndrome symptoms consistent with pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has previously undergone conservative treatment with minimal improvement. However, the clinical documentation submitted for review does not provide any evidence of active conservative treatment or epidural steroid injections within the last year. The clinical documentation submitted for review did indicate that the injured worker underwent epidural steroid injections in 2013. However, the laterality of these injections was not provided. As the injured worker has multiple level disc pathology, this information would be necessary in determining the appropriateness of surgical intervention. As such, the requested L5-S1 bilateral microdiscectomy surgery is not medically necessary or appropriate.

Assistant Surgeon: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Physical Therapy Twice a week for six weeks for a total of Twelve Sessions:
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.

3-in-1 Commode: 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.

Standard 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operative Walker: 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.

Home Care of Two Hours per day at Six Days per week for Two 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.

Transportation to and from ADLs and Treatments: 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.