

Case Number:	CM14-0140712		
Date Assigned:	09/10/2014	Date of Injury:	04/02/2012
Decision Date:	10/10/2014	UR Denial Date:	08/18/2014
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 Surgery and is licensed to practice in California. 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 claimant is a 50-year-old gentleman who injured his low back on April 2, 2012. The clinical records provided for review included the July 18, 2014, progress report noting ongoing complaints of low back pain with bilateral lower extremity radiculopathy on the right greater than left lower extremities. It states at that time that the claimant had failed conservative care including therapy, rest, medication management, activity restrictions and modified work. There was documentation examination findings of positive straight leg raising, but motor, sensory, and reflexive examination were noted to be intact. Reviewed was a prior MRI report dated March 5, 2014 showing annular bulging and right sided disc protrusion at L5-S1 with narrowing of the lateral recess. There was noted abutment of the exiting right S1 nerve root. Based on failed conservative measures, the recommendation was made for an L5-S1 microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Bilateral L5-S1 MLD (Micro-Lumbar Discectomy) and Foraminotomy, Outpatient:
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), Treatment Index, 12th Edition (web), 2014, Low Back - Discectomy/laminectomy

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

Decision rationale: Based on California American College of Occupational and Environmental Medicine (ACOEM) Guidelines, the request for an L5-S1 microdiscectomy cannot be recommended as medically necessary. The medical records indicate the claimant has a disc protrusion at the L5-S1 level, there is no documentation of acute radicular findings on examination to clinically correlate to the claimant's L5-S1 level. Without clinical correlation between physical examination and imaging, the acute need of operative process would not be supported.

Post-Operative DME Purchase - Lumbar Corset: 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), Treatment Index, 12th Edition (web), 2014, Low Back - Back Brace, Post Operative (fusion)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301.

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

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), Treatment Index, 12th Edition (web), 2014, Low Back, Surgical Assistant

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Milliman Care Guidelines 18th edition: assistant surgeon Assistant Surgeon Guidelines (Codes 21810 to 22856) CPT® Y/N Description 22630 Y Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar

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