

Case Number:	CM14-0160128		
Date Assigned:	10/06/2014	Date of Injury:	06/18/2014
Decision Date:	10/30/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/29/2014

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 Orthopaedic Surgery (Spine Fellowship) 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:

According to the records made available for review, this is a 44-year-old male with a 6/18/14 date of injury. At the time (8/20/14) of request for authorization for Purchase of lumbosacral orthosis, Rental of Vascutherm (DVT system) with hot and cold compression unit for two weeks to be used post-operative lumbar surgery, and Lumbar microdiscectomy at right L4-L5 to include preoperative clearance and assistant surgeon as an inpatient with 1-2 days inpatient stay, there is documentation of subjective (low back pain radiating to right leg, buttocks, posterior and lateral thigh, and lateral leg with spasms/weakness/numbness) and objective (moderate tenderness over buttocks, limited lumbar range of motion, and positive bilateral straight leg raise) findings, imaging findings (MRI of lumbar spine (6/27/14) report revealed L4-5 central and right paracentral disc extrusion, indenting on the thecal sac and bilateral emerging L5 nerve root, thecal sac compressed along the midline, mild hypertrophy of the posterior elements, and mild bilateral foraminal and lateral recess narrowing), current diagnoses (lumbar degenerative disc disease and lumbar herniated disc), and treatment to date (medications). 10/7/14 medical report identifies that the patient will need decompression and discectomy at L4-5 because of the stenosis caused by the size of the disc herniation; progressive weakness and numbness; and pain level. There is no specific (to a nerve root distribution) documentation of objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms and failure of additional conservative treatment (activity modification and physical modalities).

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of lumbosacral orthosis: 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 med necessary, none of the associated services are medically necessary.

Rental of Vascutherm (DVT system) with hot and cold compression unit for two weeks to be used post-operative 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 med necessary, none of the associated services are medically necessary.

Lumbar microdiscectomy at right L4-L5 to include preoperative clearance and assistant surgeon as an inpatient with 1-2 days inpatient stay: 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): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/laminectomy

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; and activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, as criteria necessary to support the medical necessity of laminotomy/fusion. ODG identifies documentation of Symptoms/Findings (pain, numbness or tingling in a nerve root distribution) which confirm presence of radiculopathy, objective findings (sensory changes, motor changes, or reflex changes (if reflex present)) that correlate with symptoms, imaging findings (nerve root compression or moderate or greater central canal, lateral recess, or neural foraminal stenosis) in concordance between radicular findings on radiologic evaluation and physical exam findings, and failure of conservative treatment (activity modification, medications, and physical modalities), as criteria necessary to support the medical necessity of decompression. Within the medical information available for review, there is documentation of diagnoses of lumbar degenerative disc disease and lumbar herniated disc. In addition, there is documentation of Symptoms/Findings (pain and numbness) which confirm

presence of radiculopathy and imaging findings (nerve root compression) in concordance between radicular findings on radiologic evaluation and physical exam findings. However, despite documentation of objective (moderate tenderness over buttocks, limited lumbar range of motion, and positive bilateral straight leg raise) findings, there is no specific (to a nerve root distribution) documentation of objective findings (sensory changes, motor changes, or reflex changes) that correlate with symptoms. In addition, despite documentation of conservative treatment (medications), there is no documentation of failure of additional conservative treatment (activity modification and physical modalities). Therefore, based on guidelines and a review of the evidence, the request Lumbar microdiscectomy at right L4-L5 to include preoperative clearance and assistant surgeon as an inpatient with 1-2 days inpatient stay is not medically necessary.