

Case Number:	CM14-0107866		
Date Assigned:	08/01/2014	Date of Injury:	03/30/2001
Decision Date:	06/24/2015	UR Denial Date:	07/04/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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: California

Certification(s)/Specialty: Emergency Medicine

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 52 year old female who sustained an industrial injury on 03/30/2001. The injured worker was diagnosed with lumbar radiculopathy, lumbar degenerative disc disease and sciatica. Treatment to date includes diagnostic testing, multiple lumbar epidural steroid injections (latest performed on May 30, 2014), physical therapy, chiropractic therapy, assistive devices and medications. According to the primary treating physician's progress report on July 2, 2014, the injured worker continues to experience low back pain radiating to the lower legs, numbness in the right buttock, worsening gait and incontinence. The injured worker rates her pain level at 3/10 with medications and 6/10 without medications. Examination demonstrated weakness of the left anterior tibialis and decreased sensation in the plantar aspect of the right foot with decreased range of motion. The documentation noted that the injured worker was authorized for lumbar disc surgery. The injured worker underwent a lumbar discectomy/decompression L4-5 (not a fusion) on July 8, 2014. Current medications prior to the surgical intervention are listed as Ibuprofen, Norco 10/325mg, Percocet 10/325 mg, Zanaflex, Valium, Wellbutrin and Protonix. The current request is for one re-evaluation micro-dissecting procedure L4-5.

IMR ISSUES, DECISIONS AND RATIONALES

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

One re-evaluation Microdissecting procedure L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back-Lumbar & Thoracic (Acute & Chronic) Re-evaluation Office visits.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): red flag conditions, Chronic Pain Treatment Guidelines page 1, Part 1: Introduction Page(s): 1.

Decision rationale: The requested one re-evaluation microdissecting procedure L4- is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Assessing red flags and indications for immediate referral, recommend specialist consultation with "physical exam evidence of severe neurologic compromised that correlates with the medical history and test results"; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has low back pain radiating to the lower legs, numbness in the right buttock, worsening gait and incontinence. The injured worker rates her pain level at 3/10 with medications and 6/10 without medications. Examination demonstrated weakness of the left anterior tibialis and decreased sensation in the plantar aspect of the right foot with decreased range of motion. The documentation noted that the injured worker was authorized for lumbar disc surgery. The injured worker underwent a lumbar discectomy/decompression L4-5 (not a fusion) on July 8, 2014. The treating physician has documented that the injured worker has a surgical evaluation but has not sufficiently documented the medical necessity for a second such evaluation. The criteria noted above not having been met, one re-evaluation Microdissecting procedure L4- is not medically necessary.