

Case Number:	CM14-0218353		
Date Assigned:	01/08/2015	Date of Injury:	08/12/2013
Decision Date:	03/10/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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: Texas
 Certification(s)/Specialty: Orthopedic Surgery

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 34-year-old male who reported an injury on 08/12/2013. Mechanism of injury was due to him falling backwards down some stairs injuring his low back. The injured worker has a diagnosis of lumbosacral strain, small left foraminal herniation at L4-5, moderate central and right sided herniation at L5-S1, and normal electrodiagnostic testing of the back and legs. Past medical treatment consists of lumbar epidural steroid injections and physical therapy. On 11/18/2014, the injured worker underwent an MRI of the lumbar spine which revealed a small left paracentral herniation at L4-5, and moderately severe central and right paracentral herniation at L5-S1. On 11/18/2014, the injured worker complained of lumbar back pain. Physical examination noted that the injured worker walked without a limp. Range of motion was approximately 25% of normal in all planes. Neurologic exam of the lower extremities revealed no motor weakness or sensory loss. Reflexes were traced bilaterally at the knees. Ankle reflexes were absent bilaterally. Straight leg raising was uncomfortable at 75% bilaterally. Palpation of the lumbar spine and paraspinal musculature revealed no localized spasm. There was tenderness in the midline at L3 to the sacrum and over the left buttocks. Medical treatment plan is for the injured worker to undergo Microdiscectomy and possible fusion at the left L4-5 and right L5-S1. The provider states that the injured worker is a candidate for surgical management, and the procedure and risks were discussed with the injured worker. A Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy & possible fusion at left L4-5 & right L5-S1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The request for Microdiscectomy & possible fusion at left L4-5 & right L5-S1 is not medically necessary. The California MTUS/ACOEM Guidelines state that for surgical consideration, there should be severe and disabling lower leg symptoms and a distribution consistent with abnormalities on imaging studies preferably with accompanying and objective signs of neural compromise. There should be notation of activity limitation due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms. Clear clinical/imaging and electrophysiologic evidence of a lesion that has been shown to be beneficial to both short and long term surgical repair. Failure of conservative treatment to resolve disabling radicular symptoms. If surgery is a consideration, counseling regarding likely outcomes, risks, benefits, and especially expectations is very important. Patients are recommended to undergo psychological screening prior to surgery. The submitted documentation noted that the injured worker had lumbar and back pain. However, there was no indication of what levels were via VAS. Additionally, physical examination did not present with any severe disabling factors. Furthermore, there was no indication of activity limitations due to any pain. It is unclear whether the injured worker has tried and failed conservative treatment to include physical therapy and medication therapy. Moreover, there was also no indication of the injured worker having undergone a psychological evaluation. Given the above, the injured worker is not within recommended guideline criteria. As such, the request is not medically necessary.

Associated surgical service: 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, Low Back Procedure Summary

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.

Associated surgical service: 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, Low Back Procedure Summary

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.

Associated surgical service: Pre-op clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Preoperative Testing

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.

Associated surgical service: Inpatient hospital stay x 2-3 days: 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 Procedure Summary

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.

Associated surgical service: Elevated toilet seat: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Durable Medical Equipment

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.