

Case Number:	CM15-0011517		
Date Assigned:	01/29/2015	Date of Injury:	01/15/2013
Decision Date:	03/30/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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: 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 49 year old female who sustained a work related injury to her lower back when lifting a crate from a top shelf on January 15 2013. The injured worker was diagnosed with left foraminal disc extrusion L3-4 with stenosis, left paracentral disc protrusion with annular tear L5-S1, left paracentral disc protrusion L4-5 with foraminal stenosis and left L5 radiculopathy. According to the primary treating physician's progress report on January 7, 2015 the patient continues to experience low back pain radiating to the posterior aspect of the left leg to the foot associated with numbness and weakness in the left leg and left anterior thigh pain. The report dated November 19, 2014 documented that gait is normal and she is able to walk on toes and heels without deficits, range of motion is moderately diminished, motor strength within normal limits and bilateral reflexes patellar and Achilles within normal limits. The lumbosacral midline is tender without paraspinal spasm. Current medications consist of Norco. Treatment modalities consisted of chiropractic therapy x 5 sessions, physical therapy x 3 sessions, acupuncture therapy x 3 sessions, 2 lumbar epidural steroid injections (ESI) and medication. The treating physician requested authorization for Left L3-L4, L4-L5, L5-S1 Laminotomy and Discectomy and Pre-Operative Medical Clearance. On January 8, 2015 the Utilization Review denied certification for Left L3-L4, L4-L5, L5-S1 Laminotomy and Discectomy and Pre-Operative Medical Clearance. The surgical procedure was found not to be medically necessary therefore the pre-op clearance was denied also. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), American College of Occupational and Environmental Medicine (ACOEM) and Official Disability Guidelines (ODG).

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L3-L4, L4-L5, L5-S1 Laminotomy and Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation ODG - Low Back, Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam note of 1/7/15 does not document progressive symptoms or a clear lumbar radiculopathy. Therefore the guideline criteria have not been met and determination is for non-certification.

Pre Op 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.