

Case Number:	CM15-0013741		
Date Assigned:	02/02/2015	Date of Injury:	06/08/2006
Decision Date:	03/30/2015	UR Denial Date:	01/10/2015
Priority:	Standard	Application Received:	01/23/2015

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: 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 52-year-old male who reported an injury on 06/26/2006 due to an unspecified mechanism of injury. On 12/05/2014, he underwent an MRI of the lumbar spine which showed interval surgery with a posterior fusion at the T10-11; at the T11-L2, there was a right central disc herniation noted with right foraminal extension; progression of the degenerative changes at the L1-2 level; a 6 mm L1-2 herniation in conjunction with the degenerative facet arthropathy contributing to minimal degree of central stenosis at that level; and an L1-2 ventral herniation and left inferior L1-2 foraminal herniation. On 01/05/2015, he presented for a followup evaluation. It was noted that his neurologic function remained essentially unchanged. It was stated that there was reportedly marked stenosis in the lower lumbar segment with disc herniation at the L1-2 that would be best served with a decompression. The treatment plan was for outpatient posterior microscopic partial discectomy at the L1-2 with associated surgical services. The rationale for treatment was to alleviate his pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient posterior microscopic partial discectomy L1-L2: 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 and Thoracic (Acute & Chronic) and - Hospital length of stay (LOS)

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

Decision rationale: The California ACOEM Guidelines state that surgical consultation may be indicated for those who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably accompanying objective signs of neural compromise; activity limitations 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 benefit from surgical repair; and failure of conservative treatment to resolve disabling radicular symptoms. The most recent clinical note does not show a physical examination to show that the injured worker has significant radicular symptoms that would support the requested procedure. Also, no electrodiagnostic studies were provided for review and there was a lack of documentation showing that he has tried and failed all recommended conservative therapy options. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, this request is not medically necessary.

EKG pre-op H&P: 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)

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 Services- spinal monitoring: 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)

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.