MAXIMUS Federal Services

Case Number:	CM15-0016759		
Date Assigned:	02/05/2015	Date of Injury:	08/01/2014
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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 45-year-old female who reported injury on 08/01/2014. The mechanism of injury was the injured worker tripped over a sign in a utility closet. The injured worker was noted to undergo an epidural steroid injection. Prior therapies included 9 sessions of physical therapy, medications, and work modifications. The MRI of 09/17/2014 revealed at L4-5, there was a left lateral disc osteophyte complex, which may contact the exiting L5-S1 nerve root. At L4-5, there was a moderate left and mild right neural foraminal narrowing. There may also be contact with the left L4 nerve root within the far lateral recess. The documentation of 01/05/2015 revealed the injured worker had 9/10 back pain with radiation to the bilateral lower extremities. It was described as shooting, burning, numbness. The epidural steroid injection was noted to have not helped. Waddell's sign was negative. The treatment plan included a laminectomy. The injured worker was noted to receive Norco for pain management.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 lateral recess decompression and possible discetomy with assistant surgeon: Upheld

Claims Administrator 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

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, Surgical Assistant.

Decision rationale: The American College of Occupational and Environmental Medicine indicates a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month, or the extreme progression of lower leg symptoms; and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair. There should be documentation of a failure of conservative care to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had MRI findings. However, there was a lack of documentation of myotomal and dermatomal findings to support clear clinical evidence. There was a lack of documentation of an electrophysiologic study performed to support radiculopathy. There was a lack of documentation of a failure of conservative care. The guidelines; however, do not specifically addressed a surgical assistant. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that surgical assistants are recommended for complex surgeries. The rationale for a surgical assistant was not provided. This portion of the request would not be supported. Given the above, the request for L4-5 lateral recess decompression and possible discectomy with assistant surgeon is not medically necessary.

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 (ODG)

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.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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.

Blood donation: 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.