

Case Number:	CM15-0113649		
Date Assigned:	06/22/2015	Date of Injury:	05/31/2004
Decision Date:	07/23/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/12/2015

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: New York

Certification(s)/Specialty: Neurological 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 43 year old male, who sustained an industrial injury on 5/31/04. The injured worker has complaints of right lumbar radicular pain. The documentation noted there has diffuse tenderness and positive straight leg rising on the right with hypesthesia in the S1 (sacroiliac) distribution. The diagnoses have included right L4-5 and L5-S1 (sacroiliac) lumbar disc protrusion. Treatment to date has included magnetic resonance imaging (MRI) of the lumbar spine on 3/23/13 showed disc abnormalities, no gross focal renal abnormalities are identified; Norco; lower extremity electromyography on 2/13/15 showed evidence suggestive of a right sided L5-S1 (sacroiliac) lumbosacral radiculopathy; lower extremity nerve conduction report on 2/12/15 showed the right tibial motor nerve showed prolonged distal latency, decreased amplitudes throughout and normal nerve conduction velocity and all other motor nerves showed normal distal latencies, normal amplitudes and normal nerve conduction velocities. The request was for lumbar decompressive surgery right L4-5 and L5-S1 level; anesthesia; pre-operative blood work; post-operative physical therapy two times a week for 6 weeks lumbar spine and length of stay outpatient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompressive Surgery right L4-5 and L5-S1 level: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation does not provide this evidence. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, this request for lumbar decompressive surgery right L4-5 and L5-S1 level is not medically necessary and appropriate.

Associated surgical service: Anesthesia: 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.

Pre-Operative blood work CMP, GFR, PT, UR, RfICul, CBC/Diff, APTT, ABO/Rh: 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.

Post-operative physical therapy 2 times a week for 6 weeks lumbar-spine: 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.

Associated surgical service: Length of stay outpatient: 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.