

Case Number:	CM15-0115052		
Date Assigned:	06/26/2015	Date of Injury:	10/28/2009
Decision Date:	08/17/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/15/2015

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 46 year old female who sustained an industrial injury on 10/28/09 when she was pulled by her hair into a tub by a resident. She had an immediate headache as well as neck and back pain. She was medically evaluated. She was initially diagnosed with whiplash or a contusion. She was later diagnosed with carpal tunnel syndrome. On 8/29/11 she had another incident at work involving her low back and was treated with chiropractic treatments and physical therapy. She currently complains of neck pain that radiates into her left shoulder, dizziness and nausea when looking downward with a pain level of 5/10, headache; achy, burning low back pain with radiation to the thighs right worse than left and persistent numbness in the bottoms of her feet, leg weakness and a pain level of 6-7/10. On physical exam there was tenderness on palpation in the bilateral lower lumbar facets with decreased range of motion of the cervical and lumbar spine. Medications were ibuprofen, Percocet, Gabapentin, and Prilosec. Medications offer 60% relief. Diagnoses include lumbar disc herniation with neural foraminal narrowing; lumbar facet arthropathy; cervical disc herniation at C5-6; chronic neck and back pain; carpal tunnel syndrome, status post carpal tunnel release (2012); left shoulder rotator cuff repair (3/2013). Treatments to date include chiropractic treatments (10 sessions); physical therapy for the left shoulder and bilateral wrists (20+ sessions) with good relief; acupuncture (3 sessions for neck and left shoulder) with no relief; medications; epidural steroid injections (for the lumbar spine in 2012) with no relief but was effective for leg pain; psychiatric evaluation. Diagnostics include electromyography/nerve conduction study to evaluate low back pain (2/23/15) showing bilateral S1 radiculopathy; MRI of the lumbar spine (3/9/12) showed

moderate canal stenosis at L4-5, disc protrusion at L3-4, narrowing of left L1 neural foramen; MRI of the cervical spine (2/24/12) showing left paracentral disc protrusion C5-6; electromyography study (2/9/15) showing right and left carpal tunnel syndrome. In the progress note dated 3/6/15 the treating provider's plan of care includes requests for microlumbar decompression right L4-5; pre-operative laboratory services, electrocardiogram, chest x-ray, history and physical; 6 week follow up; pain management follow up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar decompression at right L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS guidelines recommend cervical surgery when the patient has had severe persistent, debilitating, upper 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 patient's psychological evaluation discloses red flags. 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. The requested treatment: Microlumbar decompression at right L4-5 is not medically necessary and appropriate.

Pre-op medical consult for history and physical: 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: EKG: 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: Chest x-ray: 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: Labs-Chem panel, CBC: 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: Labs-UA: 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: Labs-APTT, PT, Type and Screen: 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: Pain management follow-ups: 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: Follow-up in 6 weeks: 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.