

Case Number:	CM15-0123409		
Date Assigned:	07/08/2015	Date of Injury:	01/13/2015
Decision Date:	09/09/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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 27 year old female who sustained an industrial injury on 01/13/2015 resulting in pain to the low back. Treatment provided to date has included: 6 sessions of physical therapy which provided some relief; medications (Naproxen, Norflex, Anaprox, Relafen, Flexeril, Tylenol #3); and conservative therapies/care. Diagnostic tests performed include: MRI of the lumbar spine (04/03/2015) showing a large central to right foraminal disc extrusion with sever right lateral recess stenosis resulting in compression to the transiting right S1 and effaces the transiting S2 nerve roots, and mild to moderate left lateral recess narrowing with effacement of the transiting left L5 nerve root. There were no noted comorbidities or other dates of injury noted. On 04/30/2015, physician progress report noted complaints of ongoing lumbar spine pain. There was no pain rating or description of the pain provided. Current medications include Tylenol #3 with benefit. The physical exam revealed decreased range of motion in the lumbar spine, positive right straight leg raise, and unable to heel-to-toe walk. The provider noted diagnoses of Lumbago and lumbar spine strain or sprain. Plan of care includes L5-S1 surgery (microscopic laminectomy, discectomy and foraminectomy) with pre-operative testing, post-operative therapy and medications, and follow-up. The injured worker's work status remained temporarily partially disabled. The request for authorization and IMR (independent medical review) includes: a right microscopic laminectomy, discectomy, foraminectomy and any repairs for the L5-S1 levels, associated surgical service of a one day inpatient stay, pre-operative basic metabolic panel, pre-operative Prothrombin Time (PT), a Partial prothrombin Time (PTT), pre-

operative pregnancy test, complete blood count, 9 sessions of post-operative physical therapy, and Ultracet 5/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Microscopic Laminectomy, Discectomy, Foraminotomy and any repairs for the L5-S1 levels: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Indications for Surgery - Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back, Discectomy/laminectomy.

Decision rationale: CA MTUS/ACOEM Low back complaints, pages 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 4/3015 does not demonstrate clear evidence of 4-6 weeks of physical therapy. Therefore the guideline criteria have not been met and the request is not medically necessary.

Pre-Operative Complete Blood Count: 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 Basic Metabolic Panel: 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 Prothrombin Time: 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 Partial Prothrombin Time: 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 Pregnancy Test: 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: 1 Day Inpatient Stay: 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 (9-sessions): 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.

Ultracet 5/325mg, #60: 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.