

Case Number:	CM15-0127166		
Date Assigned:	07/13/2015	Date of Injury:	03/10/2013
Decision Date:	08/07/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	07/01/2015

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 64 year old male, who sustained an industrial injury on 3/10/13. The injured worker has complaints of low back pain, right worse than left radicular pain. The documentation noted there is mild tenderness to palpation over the right paraspinal lumbar region. The diagnoses have included lumbar disk bulge/herniated nucleus pulposus and moderate-severe lumbar spinal stenosis. Treatment to date has included lumbar magnetic resonance imaging (MRI) on 2/17/15 shows moderate herniated disk at L3-L4 and L4-5 with notable lumbar spinal stenosis; X-rays reveal multiple degenerative disc disease of the lumbar spine; physical therapy; epidural injections; chiropractic treatments and acupuncture. The request was for L3-L4 and L5-S1 microdiscectomy right sided and hemilaminotomy foraminotomy decompression; associated service, assistant surgeon; cybertech brace post-operative use; pre-op medical clearance and post-operative cryotherapy 1 month at 3-5 times per day.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-L4 and L5-S1 microdiscectomy right sided and hemilaminotomy foraminotomy decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar and Thoracic Chapter (online version).

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

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 from most recent MRI scan of lumbar spine 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. The requested treatment: L3-L4 and L5-S1 microdiscectomy right sided and hemilaminotomy foraminotomy decompression is not medically necessary and appropriate.

Associated Service: Assistant Surgeon: 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.

Cybertech brace post-operative use: 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-Op Medical Clearance: 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 Cryotherapy 1 month at 3-5 times per day: 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.