

Case Number:	CM15-0173959		
Date Assigned:	09/23/2015	Date of Injury:	02/04/2015
Decision Date:	11/17/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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, Montana, California
 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:

This injured worker is a 33 year old male, who sustained an industrial injury on 02-04-2015. The injured worker was diagnosed as having lumbar disc displacement. On medical records dated 08-07-2015 and 07-07-2015, the subjective complaints were noted as having intermittent low back pain that radiates into his right buttock. He also notes numbness and tingling of his right leg. Pain was noted as 5 out of 10. Objective findings were noted as lumbar spine revealed midline tenderness to palpation and lumbar flexion was limited to shin because of pain. Lumbar extension to 20 degrees was noted. Positive straight leg raise was noted on the right. Treatments to date included physical therapy, acupuncture, medication, and home exercise program. The injured worker was noted to have undergone a lumbar MRI on 02-14-2015. The injured worker was noted to be not working. Current medications were listed as Cymbalta and Ibuprofen. The Utilization Review (UR) was dated 08-20-2015. A Request for Authorization was dated 08-13-2015 for right L5-S1 laminectomy and microdiscectomy, pre-op medical clearance, pre-op EKG, associated service: pre-op lab- chem 7, CBC, urine drug screen and PT-INR and PTT was submitted. The UR submitted for this medical review indicated that the request for right L5-S1 laminectomy and microdiscectomy, pre-op medical clearance, pre-op EKG, associated service: pre-op lab- chem 7, CBC, urine drug screen and PT-INR and PTT were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 laminotomy & microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The California MTUS guidelines recommend lumbar surgery if there is severe persistent, debilitating lower extremity complaints, clear clinical and imaging evidence of a specific lesion corresponding to a nerve root or spinal cord level, corroborated by electrophysiological studies which is known to respond to surgical repair both in the near and long term. Documentation does not provide this evidence. The requested Treatment: Right L5-S1 laminotomy & microdiscectomy is not medically necessary and appropriate.

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.

Pre-op 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 Service: Pre-op lab- Chem 7: 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 Service: Pre-Ops Lab- 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 Service: Pre-Ops Lab- Urine Drug 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 Service: Pre-Ops Lab- PT/INR, PTT: 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.