MAXIMUS Federal Services

Case Number:	CM15-0034859		
Date Assigned:	03/03/2015	Date of Injury:	05/26/2014
Decision Date:	05/13/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/24/2015

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: Texas
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 28-year-old male who reported an injury on 05/26/2014. The mechanism of injury involved a fall. The current diagnosis is lumbar disc herniation at L5-S1. The injured worker presented on 12/18/2014 for a follow-up evaluation. It was noted that the injured worker had completed a series of epidural steroid injections. The injured worker reported ongoing pain in the low back and right lower extremity. Upon examination, there was a slight limping gait on the right, weakly positive straight leg raise testing, and negative neuromotor deficit. A previous MRI was reviewed with the injured worker on that date, which revealed a lumbar disc herniation at L5-S1 with lateral recess compromise. Recommendations at that time included a lumbar microdiscectomy on the right at L5-S1. A Request for Authorization form was submitted on 01/02/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state if physiologic evidence indicates tissue insults or nerve impairment, the practitioner can discuss with a consultant the selection of an imaging test to define a potential cause. It is note that the injured worker underwent a lumbar spine MRI in 07/ 2014. There was no mention of a progression or worsening of symptoms or physical examination findings to support the necessity for a repeat imaging study. Given the above, the request is not medically appropriate.

Right L5 hemilamotomy and L5-S1 microdiscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 and 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines recommend a discectomy/ laminectomy when there is objective evidence of radiculopathy upon examination. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical or manual therapy. In this case, there is no evidence of lumbar radiculopathy upon examination. It is noted that the injured worker walked with a slight limping gait and demonstrated a weakly positive straight leg raise test. However, there was no evidence of a sensory or motor deficit. The Official Disability Guidelines state straight leg raising test, cross straight leg raising and reflex exams should correlate with symptoms and imaging findings. The injured worker's current medication regimen was not listed. It is unclear whether the injured worker has exhausted all conservative treatment prior to the request for a surgical procedure. Given the above, the request is not medically appropriate at this time.

Preoperative clearance-labs and chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Low Back Chapter.

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.