

Case Number:	CM15-0040665		
Date Assigned:	03/10/2015	Date of Injury:	11/30/2011
Decision Date:	05/11/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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: 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 50-year-old male who reported an injury on 11/30/2011. The injury reportedly occurred to his left knee and low back when he turned quickly with his legs under a desk, twisting the left knee, when responding to an alarm. He is diagnosed with severe left S1 radiculopathy. His past treatments were noted to include physical therapy, medications, and activity modification. An MRI of the lumbar spine on 09/19/2014 revealed a 5 mm left paracentral foraminal broad based disc at L5-S1 with mild left inferior neural foraminal stenosis. At L4-5, there was a mild generalizing or bulge, mild bilateral facet degenerative changes, minimal central canal stenosis, and no neural foraminal stenosis. The injured worker's symptoms were noted to include low back pain with severe radiating symptoms into the left leg. The injured worker described that his pain radiates from the low back to the hip and extends to the lateral aspect of the left foot with paresthesia. Physical examination findings included a positive left straight leg raise, profound sensory loss in a left S1 distribution, and profound loss of left ankle reflex. The treatment plan included a left L5-S1 microdiscectomy to resolve his left leg pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: According to the California MTUS/ACOEM Guidelines, spinal surgery may only be considered when serious spinal pathology and/or nerve root dysfunction has been unresponsive to at least 3 months of conservative therapy and is obviously due to a herniated disc. Documentation should show: severe and disabling radiating symptoms in a distribution consistent with abnormalities on imaging studies, as well as accompanying objective signs of neural compromise; activity limitations due to radiating extremity pain that have been present for more than 1 month, or an extreme progression of radiating symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit from surgical repair; and the failure of at least 3 months of conservative treatment to resolve disabling radicular symptoms. Additionally, the guidelines state that spinal fusion may be considered when there is clear evidence of instability. The injured worker was noted to have significant low back pain and radiating symptoms into the left lower extremity. He was also noted to have failed initially recommended conservative treatment. His physical examination revealed significant neurological deficits, which correlate with the MRI findings at the L5-S1 level. However, the documentation does not show significant physical examination findings consistent with radiculopathy from the L4-5 level. In addition, the MRI failed to reveal significant pathology at this level. For these reasons, the request is not medically necessary.

Short-Latency Somatosensory Evoked Potential Study: 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.

Electroencephalogram: 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.

Needle EMG (2 extremities): 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.

Continuous Intraoperative Neurophysiology Monitoring: 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.

Lumbar Brace: 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.