

Case Number:	CM15-0047824		
Date Assigned:	03/19/2015	Date of Injury:	08/25/2014
Decision Date:	06/02/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	03/13/2015

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, Sports Medicine

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 40-year-old male with a reported date of injury of 08/25/2014. The mechanism of injury involved cumulative trauma. The injured worker is current diagnosed with herniated nucleus pulposus at L4-5. The injured worker presented on 02/04/2015 for a follow-up examination with complaints of moderate to severe low back pain. The injured worker also reported radiating symptoms into the left lower extremity. Upon examination, there was decreased sensation to light touch in the left L5 distribution, positive straight leg raise on the left, positive Lasegue's testing on the left, and positive popliteal compression testing on the left. Recommendations at that time included and MRI of the lumbar spine and a microlumbar discectomy at the left L4-5 level. A request for authorization form was submitted on 02/06/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated surgical service: medical clearance to include; EKG and labs: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there is no documentation of a significant medical history or any underlying comorbidities to support the necessity for preoperative testing. Therefore, the request is not medically necessary at this time.

Associated surgical service: Preoperative appointment to include chest x-ray: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there is no documentation of a significant medical history or any underlying comorbidities to support the necessity for preoperative testing. Therefore, the request is not medically necessary at this time.

Associated surgical service: 18 Post-op physical therapy sessions: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10, 26.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means 1 half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following a discectomy includes 16 visits over 8 weeks. Guidelines would support an initial postoperative course of 8 sessions of physical therapy. The current request for 18 sessions of postoperative physical therapy exceeds guidelines recommendations. Therefore, the request is not medically necessary.

Associated surgical service: Creatinine blood test: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Preoperative testing, general.

Decision rationale: The Official Disability Guidelines state the decision to order preoperative testing should be guided by the patient's clinical history, comorbidities, and physical examination findings. In this case, there is no documentation of a significant medical history or any underlying comorbidities to support the necessity for preoperative testing. The request is not medically necessary at this time.