

<b>Case Number:</b>	CM15-0072890		
<b>Date Assigned:</b>	04/23/2015	<b>Date of Injury:</b>	08/13/2014
<b>Decision Date:</b>	06/11/2015	<b>UR Denial Date:</b>	04/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2015

### 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 36 year old female, who sustained an industrial injury on 8/13/14. She reported pain in her neck, lower back and left upper extremity related to a slip and fall. The injured worker was diagnosed as having lumbosacral strain, sciatica and herniated disc. Treatment to date has included physical therapy, a lumbar MRI and pain medications. As of the PR2 dated 3/25/15, the injured worker reports increased low back pain. The treating physician noted decreased range of motion and a positive straight leg raise test on the right. The treating physician requested a right L5-S1 discectomy, a 23 hour hospitalization, a surgical assistant, pre-operative clearance and pre-operative labs.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L5-S1 discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 305 and 306. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Lumbar and Thoracic (Acute and Chronic) Chapter.

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

**Decision rationale:** The California MTUS guidelines recommend surgical consultation if the patient is having severe persistent disabling lower extremity symptoms. The documentation does not provide evidence of this. The California guidelines also recommend the presence of clear clinical, imaging and electrophysiological evidence of the presence of a lesion known to have positively responded in the short and long term from surgical repair. Moreover, a trial of conservative therapy should have failed. Documentation does not provide support of such presence. The requested treatment: Right L5-S1 discectomy is not medically necessary and appropriate.

**23 Hour Hospitalization for Lumbar Spine Surgery: 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-Lumbar and Thoracic (Acute and Chronic) Chapter, Hospital Length of Stay.

**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.

**Surgical Assistant for Lumbar Spine Surgery: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation The Milliman Care Guidelines, 12th Edition; American College of Surgeons; American Academy of Orthopedic Surgeons.

**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.

**Preoperative Medical Clearance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation e-medicine.com: Perioperative Management.

**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.

**Preoperative Labs (Complete Blood Count, Basic Metabolic Panel, Prothrombin Time), EKG: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Author: Howard A. Shaw, MD, FACOG: Preoperative Indications for Laboratory Tests.

**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.