

Case Number:	CM15-0076805		
Date Assigned:	05/04/2015	Date of Injury:	01/14/2002
Decision Date:	06/08/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/22/2015

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 50-year-old male, who sustained an industrial injury on January 14, 2002 while working in a warehouse and as a delivery truck driver. The injury occurred when the injured worker was lifting a fifty-pound box and experienced an "electrical shock" in the lower back, which radiated throughout his body, including his extremities. The injured worker has been treated for low back complaints. The diagnoses have included lumbar degenerative disc disease, annular tear at lumbar three-lumbar four, lumbar disc displacement and lumbar radiculopathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, facet injections, epidural steroid injection, spinal cord stimulator, chiropractic treatment and aquatic therapy. Current documentation dated March 10, 2015 notes that the injured worker reported constant sharp, stabbing and radiating low back pain. The pain radiated to the left buttock, hip and lower extremity to the thigh. Associated symptoms included weakness, burning, numbness and paresthesia. Examination of the lumbar spine revealed tenderness to palpation, paralumbar spasms, atrophy in the quadriceps and a decreased range of motion. A straight leg raise test was also noted to be positive. The treating physician's plan of care included a request for an interlaminar laminectomy at lumbar three-lumbar four, lumbar four-lumbar five left with discectomy and decompression, physical therapy # 24, front wheeled walker, home health evaluation and transportation to and from the facility.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar Laminectomy at L3-L4, L4-5 Left with Discectomy and Decompression:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307.
Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter and AMA Guides (Radiculopathy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The California MTUS guidelines recommend surgery when the patient has had severe persistent, debilitating lower extremity complaints referable to a specific nerve root or spinal cord level corroborated by clear imaging, clinical examination and electrophysiological studies. Documentation shows his EMG is normal and the MRI of his lumbar spine shows only bulging lumbar discs, which do not corroborate his complaints. The guidelines note the patient would have failed a trial of conservative therapy. The guidelines note the surgical repair proposed for the lesion must have evidence of efficacy both in the short and long term. Therefore, the request is not medically necessary and appropriate.

Associated Surgical Service: Physical Therapy (24-sessions): 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 Surgical Service: Front Wheeled Walker: 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 Surgical Service: Home Health Evaluation: 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 Surgical Service: Transportation to and from Facility: 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.