

Case Number:	CM15-0093211		
Date Assigned:	05/19/2015	Date of Injury:	09/16/2013
Decision Date:	06/18/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	05/14/2015

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, Indiana, Oregon
 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 45-year-old female, who sustained an industrial injury on 09/16/2013. She has reported subsequent low back and lower extremity pain and was diagnosed with left L5 radiculopathy/neurogenic claudication, L4-L5 disc protrusion and left L4-L5 lateral recess stenosis. Treatment to date has included oral pain medication, physical therapy, chiropractic therapy, acupuncture and spinal injections. In a progress note dated 04/29/2015, the injured worker complained of low back pain that radiates to the left buttock, posterior thigh and calf with numbness and tingling in the left foot and toes. Objective findings were notable for midline tenderness to palpation of the lower lumbar spine, left leg pain more with extension than flexion, positive left seated and supine straight leg raise, positive right contralateral straight leg raise and positive bilateral FABER test. The physician noted that the injured worker had failed conservative treatment and that the injured worker wanted to proceed with surgery. A request for authorization of left L4-L5 laminectomy, pre-operative medical clearance, pre-operative medical clearance, electrocardiogram, Chem 7, urinalysis and CBC was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disabilities Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this case, the exam from 4/29/15 does not document objective findings (strength or sensory loss) of a radiculopathy. Based on this the request is not medically necessary.

Pre-Operative Medical Clearance: 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.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Pre-Operative Labs: EKG, Chem 7, UA, CBC: 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.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.