

Case Number:	CM15-0096924		
Date Assigned:	05/27/2015	Date of Injury:	01/29/2014
Decision Date:	06/30/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/19/2015

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 60 year old male who sustained a work related injury January 29, 2014. While working with a drill, he became twisted and developed right sided paralumbar pain. He was diagnosed as a lumbar strain with radiculopathy and treated with medication, physical therapy, and an MRI of the lumbar spine. According to a secondary treating physician's progress report, dated March 27, 2014, the injured worker presented with low back pain that has been ranging from mild discomfort to severe precluding him from walking. He occasionally will experience significant swelling of the feet. MRI, 2/18/2014, revealed L4-5 broad-based paracentral right herniation and facet hypertrophy and arthrosis at L5-S1 bilaterally. Diagnoses are lumbar spondylosis; bilateral lower extremity spondylotic radiculitis. Treatment recommendations were to proceed with lumbar epidural steroid injections. According to a secondary physician's progress report, July 3, 2014, the injured worker presented inquiring about other treatment options including surgical intervention. Diagnoses are prominent L4-5 disc herniation and right leg radiculitis. On August 18, 2014, the secondary treating physician scheduled surgery for August 18, 2014. According to a notation from the secondary physician, August 21, 2014, the surgery was suspended due to an abnormal complete blood count; white blood count 16.3. At issue, is the request for authorization for a right L4 hemilaminectomy and L4-L5, microdiscectomy, assistant surgeon, hospital stay x 23 hours, pre-operative blood work, pre-operative medical clearance, and a front wheel walker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4 hemilaminectomy and L4-L5 microdiscectomy with assistant surgeon, PA-C:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 does not provide this evidence. 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. The requested treatment: Right L4 hemilaminectomy and L4-L5 microdiscectomy with assistant surgeon, PA-C is not medically necessary and appropriate.

Post-op hospital stay x 23 hours: 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.

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 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.

Pre-operative CBC, BMP, PT, PTT, UA, Chest x-ray, EKG: 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 wheel 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.