

Case Number:	CM15-0098200		
Date Assigned:	05/29/2015	Date of Injury:	06/01/2011
Decision Date:	07/02/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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:

This 28 year old woman while pregnant wearing her seat belt was rear ended by a large van on 6/1/2011. She had the immediate onset of low back pain. She was treated with a cold pack, analgesics and physical therapy. Evaluations include an MRI dated 3/5/2012, 9/26/2012, and 9/23/2014 and an electromyogram dated 9/19/2014 which showed a mild right L5-S1 radiculopathy. On examination of 06/21/2013 she was 5 foot 10 inches in height and weighed 335 pounds. She did not have an antalgic gait but was unable to perform a full squat with lumbar flexion at 45 degrees. Straight leg raising seated was minimally positive at 60 degrees bilaterally and 30 degrees supine on the right. She had no motor weakness. Reflexes were intact. She was taking Tylenol for pain. Diagnoses included pain in the thoracic spine, unspecified back ache, lumbar disc herniations and radiculitis, and lumbago. Treatment has included oral medications, and lumbar facet blocks as well as a lumbar blood patch for post block cephalgia and vomiting. A psychological evaluation indicated a poor prognosis with above average somatization scores and diagnosis of post traumatic stress disorder. Physician notes on a PR-2 dated 4/22/2015 show complaints of low back pain with radiation down the bilateral legs. Recommendations include surgical intervention with post-operative physical therapy and follow up in one month.

IMR ISSUES, DECISIONS AND RATIONALES

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

One L5-S1 minimally invasive percutaneous discectomy any repairs: Upheld

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

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 electro-physiological 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: One L5-S1 minimally invasive percutaneous discectomy any repairs is not medically necessary and appropriate.

One prescription of Ultracet 37.5/375mg #60: 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.

One pre-op lab UA: 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.

Twelve post-op physical therapy 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.