

Case Number:	CM13-0005865		
Date Assigned:	04/18/2014	Date of Injury:	11/08/2010
Decision Date:	05/23/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/01/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is a 56-year-old female who developed low back pain secondary to cumulative trauma on November 8, 2010. The report of an MRI dated March 27, 2013 identified a foraminal disc protrusion at L3-4 with postsurgical findings noted at the L4-5 and L5-S1 level consistent with prior decompression and fusion and no recurrent findings noted. The progress report of July 3, 2013 documented continued left anterior thigh pain with occasional swelling, low back tenderness, restricted range of motion, and quadriceps weakness on the left and diminished sensation to the left anterior thigh. The progress report documented that conservative treatment including physical and aquatic therapy, a TENS unit, work restrictions and medication management had failed and a L3-4 microdiscectomy was recommended

IMR ISSUES, DECISIONS AND RATIONALES

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

A MICRODISCECTOMY: 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): 306.

Decision rationale: Based on California ACOEM Guidelines, microdiskectomy at the L3-4 level cannot be recommended as medically necessary. The claimant's MRI scan, while demonstrating a disc protrusion at the L3-4, does not identify any central foraminal stenosis or neural compressive findings. The absence of acute neural compressive findings on imaging studies would fail to support the request for a microdiskectomy. The request is not medically necessary or appropriate.

AN ASSISTANT SURGEON: 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.