

Case Number:	CM13-0011101		
Date Assigned:	03/03/2014	Date of Injury:	04/20/2013
Decision Date:	06/20/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/14/2013

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:

This is a 46-year-old gentleman who was injured in a work-related accident on 4/20/13 sustaining injury to the low back. The records for review include a lumbar MRI report dated 6/5/13 showing multilevel degenerative changes and a small left renal cyst as an incidental finding. Specific to the claimant's L5-S1 level, there was a mild posterior disc bulge with right paracentral protrusion resulting in mild right neural foraminal narrowing. A 2/7/14 follow-up report indicates continued complaints of low back pain with radicular pain to the right leg. Physical examination showed no documentation of lumbar findings but did indicate cervical and upper extremity findings. Previous physical examination assessment dated 1/31/14 showed restricted lumbar range of motion with the claimant noted to be intact with no motor, sensory, or reflexive change. It states that he had failed conservative care and an L5-S1 right-sided microdiscectomy was recommended with use of an assistant surgeon and a one day inpatient length of stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L5-S1 MICRODISCECTOMY- LUMBAR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 12: LOW BACK COMPLAINTS, 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306,Chronic Pain Treatment Guidelines.

Decision rationale: Based on California ACOEM Guidelines, the surgical process would not be indicated. This individual is with no indication of specific neurocompressive pathology to the L5-S1 level with examination failing to demonstrate specific radicular findings that clinically correlate with the requested level of surgery. The acute need of an L5-S1 microdiscectomy would not be indicated. The request for right L5-S1 microdiscectomy -lumbar is not medically necessary.

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.

INPATIENT STAY, 1 DAY: 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)-- Official Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: low back procedure - Discectomy/ laminectomy.

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