

Case Number:	CM13-0015559		
Date Assigned:	10/10/2013	Date of Injury:	03/10/1997
Decision Date:	01/28/2014	UR Denial Date:	08/12/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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:

Records include a recent 06/28/13 assessment by [REDACTED], citing subjective complaints of continued pain in a right L5 nerve root distribution stating recent electro diagnostic studies showed a negative study to the right lower extremity. It states that the claimant is unable to work and continued to utilize pain medication. Objectively, there was noted to be numbness in the right L5 nerve distribution with no motor weakness detectable. An antalgic gait was noted. The treating physician assessed her with a right L5 radiculopathy due to foraminal stenosis and recommended the right sided L5 nerve root decompression from a surgical point of review. Prior testing for review includes a lumbar MRI from 03/06/13 that shows moderate right L5-S1 foraminal narrowing secondary to disc protrusion with potential impingement upon the exiting right L5 nerve root. Other than medication management, recent treatment has included work modifications and therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5 nerve root decompression as an outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on California ACOEM Guidelines, surgical decompression at the L5 level would not be indicated. In regard to the acute need of surgical decompression or discectomy, guidelines indicate that it is for carefully selected individuals with nerve root compromise due to disc prolapse. Records in this case indicate that the claimant is with negative electro diagnostic studies with lack of documentation of recent conservative measures supported. The clear absence of electro diagnostic findings to correlate the claimant's current subjective and objective complaints would fail to necessitate the surgical process as stated.