

Case Number:	CM13-0019970		
Date Assigned:	12/11/2013	Date of Injury:	08/01/2012
Decision Date:	02/03/2014	UR Denial Date:	08/29/2013
Priority:	Standard	Application Received:	09/04/2013

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, Connecticut, and Pennsylvania. 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:

The claimant is a 50-year-old gentleman who injured his low back in a work-related accident on August 1, 2012. The clinical records available for review in this case include documentation that he was injured while moving boxes and initially diagnosed with a lumbar strain. An MRI report dated August of 2012 showed a central disc protrusion and bulge at L4-5, resulting in bilateral lateral recess and mild central canal narrowing. There were also noted to be degenerative processes at L4-5 and L5-S1 with facet hypertrophy. Prior treatment to date has included work restrictions, activity modifications, physical therapy, medication management, a prior epidural steroid injection and apparent chiropractic care. The most recent clinical progress report is dated December 5, 2013, with the requesting physician documenting continued complaints of low back and bilateral leg pain. The note identifies no significant change in the patient's symptoms, nor does it provide documentation of formal physical examination findings. It stated that, based on failure of conservative care, a decompression and microdiscectomy bilaterally at the L4-5 level was recommended. Prior physical examination for review includes a September 26, 2013 assessment by the requesting physician, with a full motor and sensory examination noted to be unremarkable with equal and symmetrical reflexes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Foraminotomy with Possible Microdiscectomy at the Bilateral L4-L5: 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): s 305-307.

Decision rationale: Based on ACOEM Guidelines, discectomy in this case would not be indicated. Guideline criteria indicate the need for clear evidence of nerve root compression on imaging with supported findings on physical examination. The records in this case fail to demonstrate significant findings on examination with a normal motor, sensory and reflexive examination noted in September and no physical examination performed in December. Furthermore, lumbar imaging fails to demonstrate significant compressive pathology at the requested surgical level on MRI scan available for review. Based on the above, the claimant would not meet the clinical criteria for the role of operative intervention as requested.