

Case Number:	CM13-0021108		
Date Assigned:	10/11/2013	Date of Injury:	04/18/2011
Decision Date:	01/21/2014	UR Denial Date:	08/08/2013
Priority:	Standard	Application Received:	09/06/2013

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 Connecticut. 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 patient is a 31-year-old female who was injured in work related accident on 04/18/11 sustaining injury to the lumbar spine. The records for review include prior electrodiagnostic study report of 05/10/12 that was negative for radiculopathy. An MRI report from 07/03/13 that showed the L4-5 level to be with a disc desiccation, left paracentral disc extrusion resulting in mild bilateral facet arthrosis and mild bilateral neural foraminal narrowing. The claimant was noted to have undergone care per the lumbar spine in the form of epidural injections, medication management, formal physical therapy, and work restrictions. At last clinical assessment of 08/14/13 with treating physician, [REDACTED] the claimant was noted to be with continued complaints of low back pain and lower extremity discomfort with physical examination showing restricted lumbar range of motion, diminished sensation to the left lower extremity and negative straight leg raising, and tenderness to palpation. A surgical intervention in the form of an L4-5 lumbar discectomy was recommended for further definitive care.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 decompression/discectomy: 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, surgical discectomy is recommended for "carefully selected patients with nerve compromise". While this claimant is noted to have failed conservative care, she is also with electrodiagnostic studies failing to demonstrate a radicular process and an MRI scan that only demonstrates mild foraminal narrowing. The physical examination is vague for specific L5-S1 radiculopathy. The absence of clinical correlation between exam findings, the claimant's current clinical presentation, imaging, and electrodiagnostic testing would fail to necessitate this surgical process for the lumbar spine at this stage in course of care.