

Case Number:	CM13-0021361		
Date Assigned:	11/08/2013	Date of Injury:	09/12/2012
Decision Date:	01/06/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/09/2013

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.

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 42-year-old male who sustained an injury to his low back in a work-related accident on September 12, 2012. Records for review include an orthopedic follow-up of September 23, 2013 with [REDACTED], where the claimant was with complaints of low back pain radiating to the right lower extremity to the ankle with associated numbness. Objectively there was an antalgic gait, marked tenderness to palpation, and pain over the L4-5 and L5 facet joints. Straight leg raise was positive. There was diminished sensation noted in a right L5 and S1 dermatomal distribution. Reviewed on that date was a prior MRI scan of November 14, 2012 that showed the L5-S1 level to be with disc desiccation, diffuse disc bulging and mild central stenosis. Further clinical imaging was not documented. It was indicated that the claimant had failed a course of conservative care. Surgical intervention in the form of L5-S1 discectomy with preoperative medical clearance was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

A L5-S1 microdiscectomy, hemilaminotomy, foraminotomy and decompression with preoperative clearance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7, Independent Medical Examinations and Consultations, page 127..

Decision rationale: CA MTUS ACOEM states that surgical discectomy for carefully selected patients with nerve root compression due to lumbar disk prolapse provides faster relief from the acute attack than conservative management; but any positive or negative effects on the lifetime natural history of the underlying disk disease are still unclear and therefore, referral for surgical consultation is indicated only for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; or failure of conservative treatment to resolve disabling radicular symptoms. Based on California ACOEM Guidelines, surgical discectomy cannot be supported. The claimant's imaging at present does not demonstrate significant compressive findings at the L5-S1 level that would justify the need for operative intervention. As surgery is not medically necessary, likewise there would not be a need for preoperative clearance. The request for the L5-S1 discectomy with preoperative clearance is not medically necessary and appropriate.