

Case Number:	CM13-0027385		
Date Assigned:	11/22/2013	Date of Injury:	02/21/2009
Decision Date:	01/21/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	09/20/2013

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 has a subspecialty in Spine 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:

The patient is a 50-year-old female with a reported date of injury of 02/21/2009. The patient has a history of shoulder and low back pain. Imaging studies revealed a right paracentral disc protrusion at L5-S1 with annular tear/fissure and narrowing of the spinal canal, right lateral recess and right neural foramen. On examination, the patient was noted to have 5/5 motor strength with positive bilateral straight leg raise. The patient underwent an L5-S1 decompression on 11/07/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar microdiscectomy L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

Decision rationale: The California MTUS/ACOEM Guidelines state that lumbar decompression surgery is recommended for "carefully selected patients with nerve root compression due to lumbar disk prolapse." The guidelines also state that surgical consideration should be for patients with severe lower leg symptoms in a distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise. The

documentation submitted for review fails to indicate that the patient had neurological deficits on physical examination to correlate with imaging evidence. Furthermore, the patient's primary treatment physician, [REDACTED] reported on multiple occasions that the patient was not appropriate for surgery and had tried to reach the surgeon to express concerns. Given the lack of neurological deficits on physical examination, the request for a lumbar microdiscectomy at L5-S1 is non-certified.