

Case Number:	CM13-0031209		
Date Assigned:	12/04/2013	Date of Injury:	02/01/2011
Decision Date:	02/07/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	10/02/2013

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:

This is a 51-year-old female who suffered an injury to her lower back in February of 2011. She has been treated for a combination of back and left lower extremity pain that is consistent with left lower extremity radiculopathy. Previous MRI scan had documented an L5-S1 disc. A more recent MRI scan from August of 2013 also documented an L5-S1 disc with neural foraminal stenosis on the left side. The patient has physical exam finding including a positive straight leg raise and diminished strength in the left lower extremity. She has reportedly failed physical therapy, activity modifications, and epidural steroid injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Decompression and Discectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The information provided would suggest that the proposed treatment of L5-S1 discectomy would be considered reasonable and medically necessary and consistent with the ACOEM and MTUS Guidelines. The Guidelines state specifically that for individuals who have

a constellation of clinical complaints supported by physical exam findings and documented evidence of a neural compressive lesion on imaging that discectomy would be considered reasonable and medically necessary. Review of previous adverse determination stated that the report of the recent MRI scan was unavailable. However, that information is provided within the record review for this study and as such, I would recommend overturning the previous adverse determination as the request does appear to be reasonable, medically necessary and consistent with MTUS Guidelines.