

Case Number:	CM13-0031994		
Date Assigned:	12/04/2013	Date of Injury:	04/15/2004
Decision Date:	02/11/2014	UR Denial Date:	09/25/2013
Priority:	Standard	Application Received:	10/04/2013

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. 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 48-year-old gentleman injured on 4/15/04 sustaining injury to the low back. The clinical records reviewed include a recent assessment dated 9/10/13 indicating ongoing complaints of low back and progressive left leg pain. He was noted to be status post a prior micro-discectomy at the L4-5 level. His current physical examination findings showed a positive left-sided straight leg raise, full motor strength and absent bilateral reflexes. A report of an MRI scan dated 3/19/13 showed a large recurrent left paracentral disc herniation at L4-5. Based on failed conservative care including two recent epidural steroid injections, surgical intervention in the form of a revision micro-discectomy at the L4-5 level with a 1-2 day inpatient length of stay was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 revision lumbar micro-laminectomy/micro-discectomy: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC Low Back Procedure Summary, Indications for surgery: discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-low back procedure, Discectomy/Laminectomy.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the role of the above-mentioned surgery with a one day inpatient stay is supported. The claimant is with large recurrent disc herniation at the L4-5 level with consistent symptoms on examination and recent failed conservative care. Official Disability Guidelines would recommend the role of a one day inpatient stay for a decompressive micro-discectomy. The specific request in this case would appear to be medically necessary.

Inpatient stay 1-2 days: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-hospital length of stay (LOS) guidelines.

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, the role of the above-mentioned surgery with a one to two day inpatient stay is not supported. Official Disability Guidelines recommend a one day length of stay without documentation of complications. A two day length of stay would be excessive for the proposed surgical procedure.