

Case Number:	CM13-0035954		
Date Assigned:	12/13/2013	Date of Injury:	11/04/2012
Decision Date:	01/28/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/18/2013

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, Pennsylvania, and New Jersey. 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 claimant is a 56-year-old female who was injured on November 4, 2012. The records indicate injury to the low back. A recent September 19, 2013 assessment with orthopedic surgeon, [REDACTED], indicates subjective complaints of low back and radiating left leg pain. It states she has failed care including medications, therapy and two prior epidural injections. Objectively, there is noted to be restricted lumbar range of motion with positive straight leg raising, diminished sensation of the left lateral calf with 5/5 motor strength and equal and symmetrical reflexes. Reviewed was prior MRI report of the lumbar spine dated March 9, 2013 that showed the L4-5 level to be with a broad based disc bulge with disc protrusion with impingement upon the exiting left L5 nerve root. The L5-S1 level was noted to be with a 2 millimeter disc bulge with no evidence of foraminal narrowing or compressive findings. An L4-5 microdiscectomy 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-L5 microdiscectomy (inpatient): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: According to the Low Back Complaints Chapter of the ACOEM Practice Guidelines, 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. Based on the ACOEM Practice Guidelines, an L4-5 microdiscectomy would appear warranted. The claimant's clinical picture is consistent with nerve compression findings on imaging, positive physical examination findings and failed conservative care. Given the claimant's clinical picture of a radicular process at the L4-5 level, failed conservative measures and positive anatomic changes on MRI, the role of surgical process appears medically necessary. The request for an L4-L5 microdiscectomy (inpatient) is medically necessary and appropriate.

pre-operative clearance: Overturned

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 Independent Medical Examinations and Consultations Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7), page 127

Decision rationale: According to the Independent Medical Examinations and Consultations Chapter of the ACOEM Practice Guidelines, the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A referral may be for consultation to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. A consultant is usually asked to act in an advisory capacity but may sometimes take full responsibility for investigation and/or treatment of an examinee or patient. Based on ACOEM Practice Guidelines, preoperative medical clearance would also be supported. Given the nature of the process, the preoperative medical assessment prior to the above procedure that would include anesthetic would appear to be medically necessary. The request for a pre-operative clearance is medically necessary and appropriate.