

Case Number:	CM13-0036326		
Date Assigned:	12/13/2013	Date of Injury:	05/23/2011
Decision Date:	03/26/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/21/2013

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 New York. 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 30-year-old male who sustained a work related injury on 23 May 2011 when he was hit by an electric palate by his coworker. The patient complains of back pain radiating to his right leg. Treatment has included chiropractic care, lumbar vertebral steroid injection which did not alleviate any pain. He's also had medications including Advil. Physical examination notes tenderness to the right sacroiliac joint and tenderness to the low lumbar spine. There is a decreased range of motion of the lumbar spine. Neurological examination is normal in the bilateral lower extremities. An MRI of the lumbar spine from November 2011 shows L5-S1 disc herniation contacting the exiting right L5 nerve root. Nerve conduction studies performed on November 16, 2012 indicate 2 left-sided L5 radiculopathy. Diagnoses include lumbar disc herniation at L5-S1 and right L5 radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar microdiscectomy at L5-S1 on the right side: Upheld

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

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

Decision rationale: The patient's neurologic examination of the bilateral lower extremities is normal. There is no evidence of radiculopathy on physical examination. In addition, MRI results show some compression of the right L5 nerve root and the neurophysiologic testing shows evidence of a left L5 radiculopathy. In this case there is no correlation between the physical examination, imaging studies, and neurophysiologic testing. Since there is no correlation between imaging studies, physical examination and neurologic testing, the patient does not meet established criteria for lumbar herniated disc surgery. The request for a lumbar microdiscectomy at L5-S1 on the right side is not medically necessary and appropriate.