

Case Number:	CM13-0037011		
Date Assigned:	03/28/2014	Date of Injury:	08/10/2011
Decision Date:	05/23/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/22/2013

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:

The claimant is a 30-year-old gentleman who sustained an injury to the low back on August 10, 2011. The records provided for review include the report of a lumbar MRI dated May 21, 2013 that showed at the L4-5 level a right paracentral disc protrusion resulting in right neural foraminal narrowing. This was noted to be mildly increased in size compared to previous MRI scan of August 26, 2011. The report of a follow-up visit on August 21, 2013 documented ongoing low back and right leg complaints with examination showing positive straight leg raise and diminished sensation on the lateral side of the leg with an absent patellar reflex. The claimant's MRI findings were reviewed. Recommendation was made for an acute L4-5 discectomy. Documentation of conservative treatment was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 FORAMINOTOMY AND DISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: Based on California ACOEM Guidelines, the request for foraminotomy and discectomy at the L4-5 level would not be supported. The employee's most recent MRI scan demonstrated similar pathology to the one performed at the time of initial injury in 2011. While the employee continues to have subjective complaints, there is no documentation of recent conservative measures offered for the symptoms. Although ACOEM Guidelines support prompt surgical intervention for neurologic compromise, the employee's current chronic presentation in the absence of conservative treatment does not support the need for surgical intervention.