

Case Number:	CM13-0038918		
Date Assigned:	12/18/2013	Date of Injury:	12/20/2011
Decision Date:	02/10/2014	UR Denial Date:	09/23/2013
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:

The claimant is a 45-year-old female who sustained an injury to her low back on 12/20/11. Clinical progress reports were reviewed and included a 05/16/13 assessment by [REDACTED], [REDACTED], documenting failed conservative care to her lumbar spine with ongoing complaints of low back pain and radiating left lower extremity complaints. Physical examination findings showed equal and symmetrical reflexes with 4/5 strength of the left EHL and dorsiflexion. There was guarding with palpation. The claimant's working diagnosis was L4-5 disc herniation. The records documented that previous electrodiagnostic studies were grossly intact and noted to be normal. There is also documentation of a prior MRI report from February 2012 that showed an L4-5 extrusion greater on the left than on the right. The claimant's initial clinical presentation was documented to be right sided pain. Based on failed conservative care to date, surgical intervention in the form of an L4-5 discectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Laminectomy with disc decompression for the left L4-L5 disc herniation: Upheld

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

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

Decision rationale: Based on California ACOEM Guidelines, the proposed surgical process in this case cannot be recommended as medically necessary. At this time, the claimant's clinical imaging is nearly two years old without evidence of repeat formal recent imaging available for review to demonstrate an acute lumbar compressive process. There is also documentation that the claimant has recent normal electrodiagnostic studies as well as normal clinical presentation for review. While it is noted the claimant has failed conservative measures, California ACOEM Guidelines only support the role of discectomy in carefully selected patients with nerve root compromise in the acute setting. As stated, the absence of recent updated imaging, the normal electrodiagnostic studies and the claimant's current clinical presentation would fail to necessitate the surgical process in question.