

Case Number:	CM13-0046530		
Date Assigned:	12/27/2013	Date of Injury:	11/23/2011
Decision Date:	05/22/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/31/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 40-year-old gentleman who was injured in a work-related accident on 11/23/11 sustaining injury to the low back. The clinical records for review include a 9/11/13 orthopedic progress report indicating weakness to the lower extremity on the left as well as continued low back complaints. Physical examination showed 3/5 left extensor hallucis longus strength, 4/5 left gastrocnemius and tibialis anterior strength, and diminished sensation in an L5-S1 dermatomal distribution on the left greater than right. Clinical imaging for review includes an MRI report of the lumbar spine dated 8/27/13 that showed the L5-S1 level to be with evidence of prior discectomy with left-sided laminectomy deficit and a persistent retrolisthesis. The L4-5 level was noted to be with 4 mm. retrolisthesis with no foraminal narrowing and a 5 mm. lateral left protrusion compromising the exiting left L5 nerve root. The claimant's date of prior surgical process is unclear. It states that he has failed conservative measures. Given ongoing findings, surgical intervention was recommended in the form of a two-level microdiscectomy at the L4-5 and L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Microdiscectomy at L4-5 and L5-Si between 9/10/2013 and 11/15/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The medical records provided for review indicate that the claimant is status post a right L5-S1 microdiscectomy. The date of the prior surgery was not provided. Post-operative imaging results in the medical records provided for review demonstrate post-surgical changes but no evidence of specific neurocompressive findings. Based on the ACOEM Guidelines and the claimant's lack of specific neurocompressive findings in recent imaging results, the role of a two-level microdiscectomy would not be supported as medically necessary. The request for one microdiscectomy at L4-5 and L5-S1 is not medically necessary and appropriate.