

Case Number:	CM13-0060310		
Date Assigned:	01/17/2014	Date of Injury:	09/14/2009
Decision Date:	05/07/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 case involves a 57-year-old male, who injured his low back in a work-related accident on 09/14/09. The clinical records provided for review included a 10/09/13 progress report noting continued complaints of pain in the low back, and that a recent epidural injection provided 70 percent pain relief, but at the time of the evaluation the symptoms persisted. Objectively there was noted to be diminished sensation in a right L5 dermatomal distribution with full motor strength. The report of a 01/11/13 MRI of the lumbar spine showed at the L4-5 level disc bulging, with mild to moderate left neural foraminal narrowing and facet hypertrophy, and at the L5-S1 level a 2 millimeter disc protrusion with mild facet hypertrophy, but no significant neural foraminal narrowing or compression. The electrodiagnostic studies for review dated 01/11/13, showed no acute clinical findings. Based on failed conservative measures to date, the recommendation was made for a two (2) level L4-5 and L5-S1 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DISCECTOMY AT L4-L5 AND L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Procedure Summary.

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

Decision rationale: The MTUS/ACOEM Guidelines indicate that surgical discectomy at L4-5 and L5-S1 cannot be supported. The documentation provided for review does not identify compressive pathology at the L5-S1 level that would correlate with the physical exam findings, imaging or electrodiagnostic testing. The electrodiagnostic studies do not reveal any evidence of radiculopathy. The lack of specific clinical correlation between the two (2) requested levels of surgery, negative electrodiagnostic studies, and no compressive findings at the L5-S1 level on imaging would fail to necessitate surgery as requested.