

Case Number:	CM13-0061262		
Date Assigned:	12/30/2013	Date of Injury:	04/18/2005
Decision Date:	04/18/2014	UR Denial Date:	11/21/2013
Priority:	Standard	Application Received:	12/04/2013

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 55-year-old claimant has a date of injury of April 18, 2005. He has been treated for back and leg pain. An Electromyography (EMG) was performed in August of 2012, which documented a left-sided L5 radiculopathy problem. A Magnetic resonance imaging (MRI) was performed in May of 2013, which demonstrated a central disc protrusion with a left paracentral component at the L5-S1 level creating moderate to severe neural foraminal narrowing on the left and moderate neural foraminal narrowing on the right. There was impingement of the L5 and S1 nerve roots on the left. This claimant was treated conservatively with epidural steroid injections, medications, physical therapy, acupuncture, and chiropractic care. He recently saw [REDACTED] for his low back problem in September of 2013. A progress note dated September 11, 2013 by [REDACTED] office documents ongoing back and left greater than right leg pain, which radiates to the bilateral posterolateral legs along with numbness greater on the left. Pain was documented as being aggravated by sitting, standing, and walking for prolonged periods of time. Examination that day demonstrated an intact neurologic examination. The Magnetic resonance imaging (MRI) from May of 2013 was reviewed, which [REDACTED] noted L5-S1 bilateral lateral recess stenosis with a central herniated nucleus pulposus. Due to persistent symptoms, bilateral L5-S1 microdecompression was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE MICRODISCECTOMY BILATERAL DECOMPRESSION L5-S1:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: The proposed bilateral L5-S1 microdiscectomy decompression would be considered medically necessary and appropriate based on the records provided in this case and the California Medical Treatment Utilization Schedule (MTUS) American College of Occupational and Environmental Medicine (ACOEM) 2004 Guidelines. The American College of Occupational and Environmental Medicine (ACOEM) Guidelines support surgical discectomy for patients with nerve root compression due to lumbar disc prolapse. In this case, this claimant clearly has an ongoing issue related to left L5 radiculopathy and right L5 radiculitis. The MRI is concordant with the history and the electrophysiologic evidence provided with the previous EMG. This claimant has been treated appropriately conservatively for greater than six months.

██████████ decision-making is sound, and lumbar spine microdiscectomy, bilateral decompression at L5-S1 would be considered medically necessary and appropriate in this case based upon the American College of Occupational and Environmental Medicine (ACOEM) Guidelines.