

Case Number:	CM13-0063932		
Date Assigned:	03/26/2014	Date of Injury:	04/26/2003
Decision Date:	06/13/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/09/2013

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:

The claimant is a 61-year-old female who sustained an injury to her low back on April 26, 2003. The clinical records available for review include a normal electrodiagnostic study of the lower extremities, dated June 12, 2013. Further imaging includes a July 30, 2013, report of an MRI (magnetic resonance imaging) of the lumbar spine specific to the L5-S1 level, showing prominent facet joint changes, greater on the right than on the left, with evidence of a right-sided facet synovial cyst, and no indication of progressive pathology. A September 26, 2013, follow-up report references ongoing low back complaints with left lower extremity symptoms. Physical examination showed restricted lumbar range of motion, 5-/5 hamstrings, tibialis anterior, exterior hallucis longus, inversion and eversion strength and 4+/5 right psoas strength. Based on failed conservative care, this request is for L5-S1 microdiscectomy and decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MICROLUMBAR DECOMPRESSION ON RIGHT AT L5-S1: Upheld

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

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

Decision rationale: Based on California MTUS/ACOEM Guidelines, the request for surgical intervention would not be indicated in this case. The documented physical examination findings are not supported by imaging and/or electrodiagnostic studies that would indicate the acute need for an L5-S1 procedure. Specifically, while the claimant is noted to have facet joint changes on imaging, the negative electrodiagnostic studies fail to clinically correlate with the examination. Furthermore, this individual's physical examination demonstrates weakness outside of the L5-S1 dermatomal distribution. The absence of clinical correlation between examination findings of radiculopathy and neural compressive pathology on imaging or electrodiagnostic studies would fail to support the requested microdiscectomy and decompression. As such, the request is not certified.