

Case Number:	CM14-0005403		
Date Assigned:	01/24/2014	Date of Injury:	05/10/2008
Decision Date:	06/24/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Fellowship trained in Spine Surgery and is licensed to practice in Texas and 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 injured worker is a 41-year-old male who reported injury on 05/10/2008. The specific mechanism of injury was not provided. The documentation of 07/03/2013 revealed the injured worker underwent an electrodiagnostic study which revealed electrodiagnostic evidence of chronic left L5 radiculopathy. There was no evidence of generalized peripheral neuropathy in the lower extremity nerves. The documentation of 11/19/2013 revealed the injured worker had constant lumbar spine pain. The documentation indicated the injured worker had an MRI of the lumbar spine which revealed L4-5 concentric and bilateral 3.5 mm broad-based disc protrusion seen with flattening and abutting of the anterior right greater than left portion of the thecal sac with posterior annular tearing. Current complaints included lower extremity weakness and low back pain. The injured worker had decreased range of motion. The straight leg raise was positive at 70 degrees on the right and 40 degrees on the left. The injured worker had a positive Braggard's test and [REDACTED] Fabere test on the left and bilateral positive findings with the iliac compression test, Kemp's test and Valsalva. The diagnosis was lumbar spine HNP with radiculopathy and the treatment included lumbar spine surgery in accordance with the Agreed Medical Evaluation of 08/05/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR SPINE SURGERY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 307.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation is appropriate for injured workers who have severe disabling lower leg symptoms in the distribution consistent with abnormalities on imaging, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical, imaging and electro physiologic evidence of a lesion that has been shown to benefit in the both the short and long term from surgical repair and a failure of conservative treatment to resolve disabling radicular symptoms. There was an electrodiagnostic medicine consultation report submitted for review which indicated the injured worker had electrodiagnostic evidence of chronic left L5 radiculopathy. The clinical documentation submitted for review failed to indicate the injured worker had objective findings upon physical examination. There was no MRI submitted for review. There was a lack of documentation of failure of conservative treatment to resolve disabling radicular symptoms. Additionally, the request as submitted failed to indicate the procedure that was being requested. Given the above, the request for lumbar spine surgery is not medically necessary.