

Case Number:	CM14-0100128		
Date Assigned:	07/28/2014	Date of Injury:	02/07/1996
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	06/30/2014

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 General 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 injured worker is a 54-year-old male who reported an injury on 02/07/1996 after being hit by a rail causing a fall into a ditch. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment includes physical therapy, medications, and epidural steroid injections. The injured worker was evaluated on 05/05/2014. It was noted that the injured worker had persistent low back pain complaints that radiated into the bilateral lower extremities. Physical examination findings included tenderness to palpation of the mid lumbar spine with a positive left-sided straight leg raising test at 45 degrees. It was also noted that the injured worker had diminished sensation to light touch in the left lateral shin and anterior foot with an absent left ankle reflex. The injured worker's diagnoses included lumbar disc herniation and lumbar radiculopathy. The request was made for an updated MRI. An additional request for a lumbar L5-S1 microdiscectomy outpatient or inpatient was also made; however, no justification for that request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar L5-S1 Microdiscectomy, Outpatient or Inpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308-310.

Decision rationale: The American College of Occupational and Environmental Medicine recommend decompression surgery for patients who have significant examination findings of radiculopathy that are corroborated with pathology identified on an imaging study. The clinical documentation does indicate that an imaging study was ordered. However, an imaging study supporting nerve root pathology was not provided for review. In the absence of this information, surgery intervention is not supported by guideline recommendations. As such, the requested lumbar L5-S1 microdiscectomy outpatient or inpatient is not medically necessary or appropriate.