

Case Number:	CM14-0104320		
Date Assigned:	07/30/2014	Date of Injury:	10/25/2011
Decision Date:	08/29/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/07/2014

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 and is licensed to practice in Texas. 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 45-year-old male who reported an injury on 10/25/2011 due to stretching motion. The injured worker reportedly sustained an injury to his low back. The injured worker was treated conservatively with physical therapy, medications, and a back brace; however, ultimately underwent 2 prior lumbar surgeries at the L4-5 and L5-S1 levels. The injured worker was evaluated on 06/13/2014. It was documented that the injured worker had continued low back pain that radiated into the bilateral lower extremities. Physical findings included paralumbar vertebral musculature tenderness with limited range of motion and decreased sensation in the dorsal and lateral aspects of the right foot with a positive straight leg raising test to 75 degrees on the right and 90 degrees on the left. The injured worker's diagnoses included lumbar disc disorder. The injured worker's treatment plan included continuation of current medications as needed and microdecompression at the L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Microdecompressive Discectomy at L4-5, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310. Decision based on Non-MTUS Citation Official Disability Guidelines-Indications for Surgery-Discectomy/Laminectomy.

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

Decision rationale: The requested Lumbar Microdecompressive Discectomy at L4-5, L5-S1 is not medically necessary or appropriate. The American College of Occupational and Environmental Medicine recommends surgical intervention for lumbar injuries for injured workers with physical examination findings of radiculopathy consistent with nerve root pathology identified on an imaging study. The clinical documentation submitted for review does indicate that the injured worker has findings of radiculopathy upon physical examination. However, an imaging study to support those findings was not provided. In the absence of this information, surgical intervention is not supported by Guideline recommendations. As such, the requested Lumbar Microdecompressive Discectomy at L4-5, L5-S1 is not medically necessary or appropriate.