

Case Number:	CM14-0111116		
Date Assigned:	08/01/2014	Date of Injury:	06/13/2013
Decision Date:	09/04/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/16/2014

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 Neurological 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 38-year-old male who was reportedly injured on 6/13/2013. The mechanism of injury was noted as a low back injury. The previous utilization review referenced a progress note dated 7/1/2014, but that progress note is not provided for this independent medical review. The reviewer indicated that the progress note documented ongoing low back complaints for which L5-S1 microdiscectomy surgery was being recommended. Objectively, there was 4/5 weakness of the right 1st toe with spasm of the paravertebral musculature and a positive right sided straight leg raise. The injured worker was diagnosed with lumbar strain and radiculopathy. An electromyogram/nerve conduction velocity of the lower extremities was performed 11/6/2013 and conduction velocity, latency and amplitude appeared normal; however, the final impression was not included to review. No imaging studies available for review. No previous treatment was documented. A request was made for microdiscectomy surgery at L5-S1 and was not certified in the utilization review on 7/9/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micridiscectomy Surgery on 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.

Decision rationale: American College of Occupational and Environmental Medicine practice guidelines support a lumbar discectomy for the treatment of sub-acute and chronic radiculopathy due to ongoing nerve root compression for patients who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. Review of the available medical records failed to document any imaging studies, current functional limitations or failure to improve with conservative treatment and therapy. As such, this request is not medically necessary.