

Case Number:	CM14-0111682		
Date Assigned:	09/16/2014	Date of Injury:	05/19/2011
Decision Date:	10/07/2014	UR Denial Date:	07/01/2014
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 Family Practice 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:

This is a 52 year old male claimant who sustained a work injury on 5/19/11 involving the low back. He was diagnosed with spinal stenosis and lumbar radiculopathy. His pain had been managed with physical therapy and oral analgesics. An MRI showed a large disk herniation on the right side of L3-L4. The claimant had progressively worsened with difficult walking and weakness. A progress note on 7/15/14 indicated he had 0/4 reflexes in the right knee. He had diminished sensation in both legs and used a walker to ambulate. On 7/15/14, the claimant underwent a L3-L4 microdiscectomy due to disk herniation with impending cauda equina. A progress note on 8/5/14 indicated the claimant had been walking well without assistance and did well after surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L3-4 Laminectomy with Microdiscectomy #1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: According to the ACOEM guidelines, microdiskectomy is recommended for herniated disks and evidenced of nerve compromise. It is recommended for disabling leg symptoms and activity limitations after failure of conservative therapy. In this case, the claimant had significant worsening weakness, absent reflexes and an abnormal MRI. He had undergone conservative therapy with no improvement. Post-operatively he gained substantial function and benefit. The surgery above was medically necessary.