

Case Number:	CM14-0117747		
Date Assigned:	08/06/2014	Date of Injury:	04/10/2014
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/28/2014

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 54-year-old female who was reportedly injured on April 10, 2014. The mechanism of injury is noted as pushing and pulling a media cart. The most recent progress note, dated June 4, 2014, indicates that there are ongoing complaints of low back pain. Medications include Neurontin, ibuprofen, tramadol and cyclobenzaprine. The physical examination demonstrated decreased lumbar spine range of motion and decreased sensation in the medial and lateral aspect of the left lower leg as well as the dorsal and plantar aspect of the left foot. There Diagnostic imaging studies of the lumbar spine showed disc protrusions worst at L4/L5 and L5/S1 with contact of the bilateral L5 nerve roots, mildly impinging the left S1 nerve root and contacting the right S1 nerve root. The previous treatment includes physical therapy. A request was made for an L4/L5 and L5/S1 left sided microdiscectomy as well as preoperative clearance and was not certified in the pre-authorization process on July 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 left sided microdiscectomy Qty 1.00: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

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

Decision rationale: The American College of Occupational and Environmental Medicine practice guidelines support a lumbar laminectomy/discectomy for the treatment of sub-acute and chronic radiculopathy due to ongoing nerve root compression who continue to have significant pain and functional limitation after 6 weeks of conservative treatment. According to the lumbar spine magnetic resonance image dated May fifth 2014, there are disc protrusions contacting both the L5 and S1 nerve root on the left and right side. There are physical examination on the injured employee's left side that corroborate these findings. Considering this, the request for an L4/L5 and L5/S1 microdiscectomy is medically necessary.

Pre Op clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Preoperative Testing, General, Updated July 3, 2014.

Decision rationale: As the accompanying request for lumbar spine surgery has been determined to be medically necessary, so is this request for preoperative clearance.