

Case Number:	CM14-0122283		
Date Assigned:	08/06/2014	Date of Injury:	09/16/2010
Decision Date:	11/18/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/04/2014

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 Spine 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 40-year-old female who reported an injury on 07/29/2012. The mechanism of injury involved heavy lifting. Current diagnoses include lumbar strain, L3-4 annular tear, and small left foraminal disc protrusion at L4-5 with sciatica. Previous conservative treatment includes physical therapy, acupuncture, medication management, and chiropractic therapy. The injured worker was evaluated on 06/20/2014 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Physical examination revealed 70 degree flexion, negative straight leg raise, and normal motor and sensory examination. Treatment recommendations included an L4-5 lumbar micro discectomy and foraminotomy. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 06/09/2014, which indicated mild foraminal stenosis at L4-5 and a small central disc protrusion at L5-S1. The injured worker also underwent electrodiagnostic studies on 06/12/2014 which indicated normal findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 lumbar micro-discectomy and foraminotomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Microdiscectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines state prior to a discectomy/laminectomy, there should be documentation of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. As per the documentation submitted, the injured worker has exhausted conservative treatment in the form of medication management, physical therapy, acupuncture and chiropractic treatment. However, there is no documentation of a previous epidural steroid injection. There was no evidence of radiculopathy upon physical examination. Therefore, the current request is not medically necessary.

Associated surgical service: 1 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low back, Hospital length of stay guidelines

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.