

Case Number:	CM14-0127593		
Date Assigned:	08/15/2014	Date of Injury:	08/28/1989
Decision Date:	09/11/2014	UR Denial Date:	07/23/2014
Priority:	Standard	Application Received:	08/11/2014

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, has a subspecialty in Preventative Medicine 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 67 year old male claimant sustained a work injury on 8/28/89 involving the low back. He was diagnosed with degenerative disk disease, lumbar radiculopathy and sciatica. An MRI on 6/26/14 indicated the claimant had L4 on L5 and L5 on S1 facet arthritic changes as well as bilateral neuroforaminal stenosis. A progress note on 7/11/14 indicated the claimant had worsening 10/10 pain. Exam findings were notable for a positive straight leg rise on the left side and decreased sensation in the left lower extremity. He had been using Hydrocodone for pain. He had previously undergone physical therapy, pain management and epidural injections. He had also previously undergone radiofrequency lesioning of the left lumbar medial branch. The treating physician recommended a lumbar decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompression with Possible Microdiscectomy L4-5 and L5-S1: 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 Lumbar & Thoracic (Acute & Chronic) 06/10/2014.

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

Decision rationale: According to the ACOEM guidelines, a lumbar decompression and microdiscectomy are recommended after failed conservative therapy for 6 weeks or for herniated disc. It is not recommended in those with no root compromise or for symptoms within the last 3 months. In this case, the claimant has had pain for years and failed conservative treatment and has continued to have worsening pain. The decompression surgery is medically necessary and appropriate.