

Case Number:	CM14-0129454		
Date Assigned:	08/18/2014	Date of Injury:	10/20/2013
Decision Date:	09/15/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/14/2014

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 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 claimant is a 31-year-old gentleman who injured his low back while lifting in a work related accident on 10/20/13. The medical records provide for review document that the claimant has failed conservative care including physical therapy, medication management, activity modification, and epidural steroid injections. The 01/22/14 electrodiagnostic study report showed evidence of S1 radiculopathy on the right. A progress report of 06/24/14 noted continued lumbosacral pain with radiating right lower extremity pain. The documentation of the examination findings did not identify any motor, sensory or reflexive change. No other clinical imaging was provided for review. This review is for surgery to include an L5-S1 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine discectomy, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on the California ACOEM Guidelines, the request for lumbar spine discectomy at L5-S1 is not recommended as medically necessary. ACOEM Guidelines support

surgical discectomy for carefully selected patients with nerve root compression. The medical records provided for review do not contain any clear clinical evidence of compressive findings at the L5-S1 level on imaging or physical examination to support the need for surgery. The electrodiagnostic study report is suggestive but not diagnostic for S1 radiculopathy and is not supported by physical examination or imaging showing compressive findings. In light of the fact the claimant's recent physical examination fails to demonstrate any motor, sensory or reflexive change, the surgery cannot be supported.

Preoperative Medical Clearance: Upheld

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, Preoperative testing, general.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7 Independent Medical Examinations and Consultations, page 127.

Decision rationale: The request for lumbar spine discectomy at L5-S1 is not recommended as medically necessary. Therefore, the request for preoperative medical clearance is also not medically necessary.

Post operative Physical Therapy for Lumbar Spine #18: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The request for lumbar spine discectomy at L5-S1 is not recommended as medically necessary. Therefore, the request for postoperative physical therapy is also not medically necessary.