

Case Number:	CM14-0138698		
Date Assigned:	09/05/2014	Date of Injury:	11/16/2011
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 Surgeon 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 44-year-old male who reported an injury on 01/21/1970. The injured worker reportedly twisted his lower back while working on a piece of heavy equipment. The current diagnoses include lumbar herniated nucleus pulposus, low back pain, and lumbar radiculopathy. The injured worker was evaluated on 08/13/2014 with complaints of persistent lower back pain with radiation into the bilateral lower extremities. Previous conservative treatment is noted to include chiropractic therapy, physical therapy, epidural steroid injection, and medication management. The current medication regimen includes Cymbalta, Cyclobenzaprine, and Tramadol. The physical examination revealed tenderness to palpation over the lower back, limited range of motion of the lumbar spine, and positive straight leg raising. Treatment recommendations at that time included an L5-S1 Microdiscectomy. A Request for Authorization form was then submitted on 08/15/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 06/10/2014, which indicated a right posterior disc protrusion at L5-S1 with minimal abutment of the descending nerve root.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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: The 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, there should be documentation of radiculopathy upon physical examination. Straight leg raising test, crossed straight leg raising, and reflex exams should correlate with symptoms and imaging findings. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. While it is noted that the injured worker has exhausted conservative treatment, there is no documentation of radiculopathy upon physical examination. Therefore, the request is not medically appropriate at this time.