

Case Number:	CM14-0147098		
Date Assigned:	09/15/2014	Date of Injury:	11/24/2012
Decision Date:	11/05/2014	UR Denial Date:	09/04/2014
Priority:	Standard	Application Received:	09/10/2014

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, has a subspecialty in Spinal 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:

31 year old male has a reported industrial injury 11/24/12, with reported complaint of low back pain with radiation into the left lower extremity. Report also states that the patient has tried epidural steroid injection on 3/21/14 at L4/5 without any significant long-term relief. Exam note 4/24/14 demonstrates 4/5 left extensor hallucis longus and left ankle dorsiflexors. There is decreased sensation to pinprick and light touch in the left lower extremity. Exam note from 4/4/14 demonstrates low back pain radiating to the bilateral lower extremities. Exam demonstrates decreased range of motion and spasticity. MRI lumbar spine 6/16/13 demonstrates mild degenerative changes in the lumbar spine. At L4/5 there is mild diffuse bulge with superimposed moderate sized broad based 7 mm left paracentral disc extrusion resulting in left lateral recess stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back disc surgery: Left side L4-5 Laminotomy and Discectomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/Laminectomy

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are notes from 4/24/14 correlating with the MRI of the lumbar spine from 6/16/13. Therefore the guideline criterion has been met and determination is the request for low back disc surgery: Left side L4-5 laminotomy and discectomy is medically necessary and appropriate.