

Case Number:	CM14-0179006		
Date Assigned:	11/03/2014	Date of Injury:	02/27/2013
Decision Date:	12/08/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	10/28/2014

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 Surgeon, and is licensed to practice in New Jersey. 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 27-year-old male who reported an injury on 02/27/2013. The injured worker reportedly suffered a lower back strain while working on a tractor. The current diagnoses include left lumbar radiculopathy, left lumbar herniated nucleus pulposus at L4-5, and lumbar degenerative disc changes at L4-5 and L5-S1. The injured worker presented on 09/25/2014 with complaints of persistent lower back pain with radiation into the left lower extremity. Previous conservative treatment includes physical therapy, chiropractic treatment, and medication management. The current medication regimen includes tramadol ER 200 mg, cyclobenzaprine 10 mg, Naprosyn 250 mg, omeprazole 10 mg, and gabapentin 100 mg. Physical examination revealed an antalgic gait, 70 degree forward bending, 5 degree extension, positive straight leg raising on the left at 90 degrees, absent deep tendon reflexes at the ankles, and 5/5 motor strength in the bilateral lower extremities. Treatment recommendations at that time included a lumbar discectomy. A Request for Authorization form was then submitted on 10/06/2014. It is noted that the injured worker underwent an MRI of the lumbar spine on 05/19/2014, which revealed a small central posterior annular tear with mild effacement of the anterior aspect of the thecal sac at L4-5 with minimal mass effect upon the thecal sac and left sided nerve roots.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discectomy left L4-5, microscope: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines, Indications for surgery - Discectomy/laminectomy

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, there should be objective evidence of radiculopathy. 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 injection. There should also be evidence of a referral to physical therapy, manual therapy, or the completion of a psychosocial screening. As per the documentation submitted, the injured worker has been previously treated with medications and physical therapy. However, the patient's physical examination only revealed positive straight leg raising on the left and absent ankle reflexes bilaterally. There was no documentation of radiculopathy in a specific dermatomal distribution. Therefore, the current request is not medically necessary at this time.