

Case Number:	CM14-0021319		
Date Assigned:	05/05/2014	Date of Injury:	05/29/2013
Decision Date:	07/09/2014	UR Denial Date:	02/13/2014
Priority:	Standard	Application Received:	02/20/2014

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 49-year-old gentleman who injured his low back in a work related accident on 05/29/13. A clinical follow up report dated 01/31/14 noted continued subjective complaints of low back pain with radiating left leg pain. The report documents that the claimant has failed conservative care including physical therapy, medication management and activity restrictions. Physical examination showed full range of motion, diminished light touch over the left lateral calf, 5/5 motor strength and equal and symmetrical reflexes. The report of a lumbar MRI scan on 08/02/13 identified degenerative spondylitic changes, at the L4-5 level was a left paracentral extruded disc fragment and compression of the exiting left L5 nerve root. Operative intervention in the form of a left L4-5 microdiscectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

INPATIENT LEFT L4-5 MICRODISCECTOMY: Overturned

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 California MTUS ACOEM Guidelines, the request for a left L4-5 microdiscectomy would be supported. The imaging shows that the claimant has an extruded disc fragment at the L4-5 level resulting in compressive pathology with positive physical examination findings showing sensory change concordant with the L4-5 level. Given this individual's anatomic deficit on imaging, timeframe treating with conservative care and positive physical exam findings, the role of operative intervention would be supported. The request is medically necessary.

2 DAYS LENGTH OF STAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2014, Updates: Low Back Procedure, Discectomy/ laminectomy, Hospital length of stay (LOS).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Comp, 18th Edition, 2014, Updates: Low Back Procedure, Discectomy/ laminectomy, Hospital length of stay (LOS).

Decision rationale: The California MTUS and ACOEM Guidelines do not address the length of inpatient hospital stay. The Official Disability Guidelines would not support the request for a two day inpatient stay. ODG Guidelines recommend the role of up to one day inpatient stay following a discectomy. Given this individual's medical records, there is no indication as to why a two day inpatient stay would be warranted for the above mentioned procedure. The specific request would not be supported as necessary. Therefore, the request is not medically necessary.