

Case Number:	CM14-0024190		
Date Assigned:	06/11/2014	Date of Injury:	08/11/2010
Decision Date:	07/15/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/26/2014

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:

This is a 36-year-old claimant with reported industrial injury on 8/11/10. An exam note from 11/14/13 reports the patient was with complaints of minimal lumbosacral pain and bilateral leg pain. There were no objective findings on examination. The report notes tenderness to palpation over the lumbar spine with positive straight leg raise testing on the right. A report was made of disc herniation without myelopathy of the lumbar spine and lumbar neuritis and radiculitis. MRI lumbar spine from 5/15/13 demonstrates L4/5 and L5/S1 annular tear without extrusion or sequestration.

IMR ISSUES, DECISIONS AND RATIONALES

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

A L4-S1 DISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 310.

Decision rationale: According to the CA MTUS/ACOEM Guidelines, surgical considerations are recommended with patients with severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. Disc surgery is not

recommended for patient with back pain alone and no nerve root compression. In this case, the exam note from 11/14/13 demonstrates no evidence of failure of conservative management or evidence of disc herniation to warrant the L4-S1 discectomy. Therefore, the request is not medically necessary.