

Case Number:	CM14-0031824		
Date Assigned:	07/18/2014	Date of Injury:	07/26/2011
Decision Date:	08/22/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 50-year-old male who reported an injury on 07/26/2011. The mechanism of injury was not stated. Current diagnoses include cervical discopathy, lumbar discopathy, and carpal tunnel/double crush syndrome. The latest physician progress report submitted for this review is documented on 11/05/2013. The injured worker presented with complaints of cervical pain and chronic headaches. Physical examination of the lumbar spine revealed tenderness to palpation with painful range of motion, positive straight leg raising, and dysesthesia at the L5 and S1 dermatomes. Treatment recommendations at that time included a cervical microdiscectomy with implantation of hardware.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left sided L5-S1 hemilaminotomy and discectomy with neural decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Procedure Summary updated 02/13/2014.

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 evidence of radiculopathy upon physical examination. Imaging studies should revealed nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injections. There should also be evidence of the completion of physical therapy, manual therapy, or a psychological screening. As per the documentation submitted, there was no evidence of an exhaustion of conservative treatment. There were no imaging studies or electrodiagnostic reports submitted for this review. Based on the clinical information received, the request is non-certified.