

Case Number:	CM14-0038874		
Date Assigned:	06/27/2014	Date of Injury:	11/16/2012
Decision Date:	07/28/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	04/02/2014

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 surgery and is licensed to practice in New York. 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:

Patient has a date of injury of November 16, 2012. She has chronic back pain. She has been taking Valium and feels she is becoming intolerant to Valium. She continues to have back and left leg pain. The pain is associated with numbness radiating down the left leg. On physical examination, she has decreased range of motion of the lumbar spine. There is an antalgic gait. Toe drop on attempted heel walking on the left was noted. EMG shows bilateral L5-S1 radiculopathy. X-rays show degenerative changes at L5-S1. from August 2013 shows foraminal narrowing at L4- 5, a small posterior disc bulge at L3-4, and mild left greater than right neuroforaminal narrowing at L4-5. At L5 S1-1 persistent small left paracentral disc extrusion narrows a subarticular recess. At issue is whether microlumbar discectomy decompression is medically necessary at the L5-S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar Discectomy/Decompression at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines; Low Back Pain, indications for surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-7.

Decision rationale: This patient does not meet criteria for microdiscectomy decompression at L5-S1. The physical examination does not show specific radiculopathy related to the proposed lumbar level of surgery. The physical examination does not correlate with MRI findings showing specific compression of the nerve root. Physical examination does not show specific radiculopathy. Also, there is no mention of adequate conservative measures. It is unclear whether the patient has had a sustained trial of physical therapy. There is no report of response of symptoms to pain management and injection therapy. Criteria for lumbar decompressive surgery not met.