

Case Number:	CM14-0040774		
Date Assigned:	07/02/2014	Date of Injury:	08/19/1998
Decision Date:	07/31/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/07/2014

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 while stretching on 8/19/98. The clinical records for review include a recent orthopedic progress report of 3/4/14, noting continued complaints of right lower extremity pain. The report documents that conservative care, including recent use of medications, corticosteroid, physical therapy and activity restrictions, has not alleviated complaints. Physical examination showed no tenderness to the lumbar spine, ability to heel and toe walk, strength was noted to be 5/5 with a sensory deficit noted to the right plantar aspect of the foot. The report of an MRI (magnetic resonance imaging) dated 2/22/14 identified a 3 millimeter disc protrusion at L5 - S1 with moderate bilateral neural foraminal narrowing. There was a mass effect upon the descending right S1 nerve root, but no compressive pathology. Because conservative treatment had failed to improve symptoms, a L5 - S1 discectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy at L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on California ACOEM Guidelines, the request for microdiscectomy at L5-S1 cannot be recommended as medically necessary. The ACOEM Guidelines recommend that discectomy would be indicated for carefully selected individuals with nerve root compromise in the acute setting that would benefit from faster surgical process than conservative management. This individual's injury is greater than fourteen years old with a lack of MRI findings showing acute clinical pathology. The ACOEM Guidelines would not support surgery in light of the fact this claimant's injury dates back to 1998. There is no documentation of an electrodiagnostic testing for review. Based on the claimant's current physical examination and lack of correlation with the imaging report and lack of recent conservative care, the request for a microdiscectomy at L5-S1 is not supported.