

Case Number:	CM14-0061731		
Date Assigned:	07/18/2014	Date of Injury:	09/12/2001
Decision Date:	10/01/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/02/2014

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 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 61 year old male with a 9/12/01 injury date. The mechanism of injury is not provided. There are no provider's notes available for review. In the UR summary on 4/10/14, subjective complaints included low back pain and leg pain for several years. He has a 10 year history of narcotic pain medication. The back pain is worse than the leg pain. Objective findings include moving slowly when changing position, decreased lumbar ROM, and no sensory/motor/reflex deficits or changes from normal. An MRI of the lumbar spine on 2/6/13 showed L5-S1 2-3 mm disc bulge, a similar disc bulge at L4-5, and moderate central canal stenosis. An EMG of the lower extremities from 5/20/08 showed findings consistent with an S1 radiculopathy. Diagnostic impression: lumbar degenerative disc disease. Treatment to date includes physical therapy and medications. A UR decision on 4/10/14 denied the request for low back disc surgery on the basis that there was no evidence of herniated disc on a recent MRI, and EMG findings of bilateral S1 radicular involvement do not correlate with exam findings.

IMR ISSUES, DECISIONS AND RATIONALES

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

Low back disk surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Low Back Chapter

Decision rationale: The California MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. In the present case there no evidence that the patient has tried other more conservative treatment methods such as physical therapy or epidural steroid injections. The lumbar spine MRI has pathology that is not very severe and does not correlate with the patient's level of symptomatology. The EMG does not correlate with physical exam findings. Therefore, the request for low back disc surgery is not medically necessary.