

Case Number:	CM14-0063003		
Date Assigned:	07/16/2014	Date of Injury:	09/04/2013
Decision Date:	10/24/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	05/05/2014

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 Neurology, 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 injured worker is a male who injured his back while working in an auto shop on 9/4/2013. The injured worker complained of low back pain radiating down to his left buttock, thigh and leg. His exam showed weakness of the left lower leg muscles; intact deep tendon reflexes bilaterally. MRI of the LS spine showed degenerative changes at left L5-S1 with a 3mm disc protrusion with annular fissure, resulting in a left L5-S1 lateral recess narrowing contacting the left S1 nerve root. His diagnosis was an S1 radiculopathy and a left L5-S1 herniated disk. The injured worker has failed several treatment modalities including pain medications, chiropractic, acupuncture, physical therapy. The injured worker underwent L5-S1 microdiscectomy and microlaminotomy on June 2, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgery -Spinal Left L5-S1 Laminotomy and microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.
Decision based on Non-MTUS Citation ODG-Low Back ChapterAMA Guides 5th edition p.382-383

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

Decision rationale: According to the MTUS guidelines, it is recommended to discuss surgical options with patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. In such cases, standard discectomy or microdiscectomy for a herniated disk is recommended. The patient had several months (greater than three months) of back pain with documented clinical evidence of left leg weakness of the lower leg (impairment in functional status). MRI imaging confirmed a herniated disk that touched the nerve roots. Therefore the surgery was medically necessary.