

Case Number:	CM14-0064332		
Date Assigned:	07/11/2014	Date of Injury:	12/18/2013
Decision Date:	08/21/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/07/2014

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:

This is a 46 year old claimant with an industrial injury dated 12/18/13. Exam note 12/21/13 states patient complaints of back pain with radiation to the right leg. Treatment plan included Decadron and Percocet with a follow-up neurology in one to two weeks. MRI of exam note 12/22/13 demonstrates a right paracentral disc herniation at L5-S1. Exam note 01/08/14 states patient returns with buttock and right leg pain. He rates the pain 8/10. Patient can flex reaching his fingertips with an extension 0-5 degrees. Patient's right ankle plantarflexion strength is 4/5. MRI results demonstrate a right S1 radiculopathy. Treatment plan includes physical therapy. Exam note 03/14/14 states patient was preliminary diagnosed with a panic attack. Exam note 03/25/14 demonstrates patient has been taking xanax for anxiety and recommended treatment includes psychological clearance prior to undergoing lumbar discectomy at L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discectomy at Right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back Chapter: Discectomy/Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there is a requirement of clearance from a psychological standpoint prior to a lumbar microdiscectomy per the notes from 3/25/14. Review of the records demonstrates that this clearance has not as yet been obtained. Therefore the request for Lumbar Discectomy at right L5-S1 is not medically necessary and appropriate.