

Case Number:	CM14-0064731		
Date Assigned:	07/11/2014	Date of Injury:	06/06/2011
Decision Date:	08/22/2014	UR Denial Date:	04/15/2014
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 Texas. 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 61-year-old male who reported injury on 08/06/2011. The diagnoses include lumbar disc disorder/lumbosacral spondylosis without myelopathy. Prior treatments included physical therapy, chiropractic care, medications and epidural steroid injections. Mechanism of injury was lifting. Additionally, the injured worker had a medial branch block. Additional treatments included medial branch blocks. Per the documentation, the injured worker's prior surgical history was noncontributory. The injured worker underwent an MRI of the lumbar spine on 11/08/2013 which revealed at the level of L4-5 there was a small bulge with mild facet arthrosis and ligamentum flavum redundancy. There was mild bilateral neural foraminal narrowing. The clinical documentation was of poor fax quality and difficult to read. The date of exam was 04/14/2014. As such, there could be no placement of subjective complaints or objective physical examination or relevant medications. The treatment plan was not provided. The request was made for an L4-5 decompression and possible microdiscectomy per the application for independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Decompression/Possible Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - TWC, Low Back - Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-307.

Decision rationale: The ACOEM Guidelines indicate a surgical consultation is appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitations due to radiating leg pain and there should be documentation of clear clinical, imaging and electrophysiologic evidence of a lesion as well as a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review failed to provide legible documentation including an objective physical examination and failure of conservative care. There was no electrophysiologic evidence submitted for review and there was a lack of documentation of findings upon MRI of nerve compromise. Given the above, the request for L4-5 decompression/possible microdiscectomy is not medically necessary.