

Case Number:	CM14-0065040		
Date Assigned:	07/11/2014	Date of Injury:	12/24/2009
Decision Date:	08/08/2014	UR Denial Date:	05/02/2014
Priority:	Standard	Application Received:	05/08/2014

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, has a subspecialty in Orthopedic Sports Medicine 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 62 year old female who sustained an injury on 12/24/09. The mechanism of injury was consistent with cumulative trauma. No specific other mechanism of injury was noted. The injured worker had been followed for complaints of low back pain radiating to the lower extremities to the ankle. Conservative treatment included physical therapy and anti-inflammatories. Electrodiagnostic studies reportedly showed no evidence for lumbar radiculopathy. No MRI was available for review. The injured worker was seen on 04/24/14 with continuing complaints of low back pain radiating to the lower extremities to the ankles. Physical examination noted tenderness to palpation in the lumbar spine from L3 through S1. Straight leg raise was positive to the right. The request for lumbar discectomy L3-4 L4-5 and L5-S1 was denied by utilization review on 04/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Discectomy at L3-4, L4-5 and L5-S1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 12, pages 306. Official Disability Guidelines (ODG), Treatment in Workers Comp (TWC), Low Back Procedures.

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

Decision rationale: The clinical documentation submitted for review did not identify any specific neurological deficit on the most recent physical examination. Imaging studies were not available for review and it is unclear whether there was an extensive amount of disc pathology from L3 through S1 to support surgical intervention. Electrodiagnostic studies reportedly showed no evidence for active lumbar radiculopathy. Given the lack of any particular physical examination findings consistent with multilevel lumbar radiculopathy, and as no imaging studies were available for review confirming the presence of neurocompressive pathology, this reviewer would not recommend the surgical request as medically necessary.