

Case Number:	CM14-0071455		
Date Assigned:	07/16/2014	Date of Injury:	10/23/2013
Decision Date:	08/14/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 Neurological 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:

The records presented for review indicate that this 31-year-old male was reportedly injured on October 23, 2013. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated March 28, 2014, indicates that there were ongoing complaints of low back pain radiating to the right lower extremity with numbness in the right foot. The physical examination demonstrated decreased lumbar spine range of motion and tenderness over the lower lumbar spine. There was a positive right sided straight leg raise test and decreased sensation at the lateral aspect of the right leg and foot. Diagnostic imaging studies reported a broad-based disc bulge and central disc protrusion and bilateral facet arthropathy at the L5-S1 level. A request was made for a right-sided L5-S1 microdiscectomy and a two day hospital stay and was not certified in the pre-authorization process on April 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Microdiscectomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The medical records provided for review indicated that the injured employee has attended multiple physical therapy visits in November 2013. The injured employee also has radicular symptoms verified by objective physical examination. For these reasons, this request for a right L5-S1 microdiscectomy is medically necessary.

2 day Hospital Stay: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation According to the Official Disability Guidelines, the mean length of stay for a discectomy is 2.1 days. As the accompanying request for a lumbar spine microdiscectomy has been determined to be medically necessary, so is this request for a two day hospital postoperative stay.

Decision rationale: According to the Official Disability Guidelines, the mean length of stay for a discectomy is 2.1 days. As the accompanying request for a lumbar spine microdiscectomy has been determined to be medically necessary, so is this request for a two day hospital postoperative stay.