

Case Number:	CM14-0072780		
Date Assigned:	07/16/2014	Date of Injury:	05/18/2011
Decision Date:	08/22/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/20/2014

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 Physical Medicine and Rehabilitation, 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 36 year-old male who was reportedly injured on 5/18/2011. The mechanism of injury is noted as a fall. The most recent progress note dated 4/11/2014, indicates that there are ongoing complaints of chronic low back pain. The physical examination demonstrated lumbar spine: limited range of motion with pain, positive straight leg raise on the right, neurologic exam the lower extremities is intact with regard to motor strength, sensation, and deep tendon reflexes. No recent diagnostic studies are available for review. Previous treatment includes physical therapy, medications, and conservative treatment. A request was made for right L4-L5 micro lumbar discectomy, and was not certified in the pre-authorization process on 5/6/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Micro Lumbar Discectomy: Upheld

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

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

Decision rationale: Lumbar discectomy is moderately recommended as an effective operation to speed recovery in patients with radiculopathy due to ongoing nerve root compression who

continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. After review of the medical documentation provided there was no subjective or objective clinical findings suggestive of radiculopathy in a particular dermatomal distribution. Therefore this request for surgery is deemed not medically necessary.