

Case Number:	CM14-0074969		
Date Assigned:	07/16/2014	Date of Injury:	09/12/2012
Decision Date:	08/22/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/22/2014

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 39-year-old male who reported an injury on 09/12/2012. The mechanism of injury involved heavy lifting. Current diagnoses include a left lumbar herniated nucleus pulposus and lumbar radiculopathy. The injured worker was evaluated on 03/19/2014 with complaints of 10/10 lower back pain and radicular leg pain symptoms. Previous conservative treatment includes medication management. The current medication regimen includes Norco. Physical examination on that date revealed tenderness to palpation, a slow and antalgic gait, limited lumbar range of motion, diminished strength in the bilateral lower extremities, and intact sensation. X-rays obtained in the office on that date indicated degenerative disc disease at L5-S1. Treatment recommendations included surgical authorization for a left L4-5 microlumbar discectomy. It is noted that the injured worker underwent an MRI of the lumbar spine on 11/02/2013 which indicated a loss of disc signal with a left intraforaminal trace protrusion and annular fissure at L4-5 without nerve root compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Microlumbar Discectomy 63030: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability guidelines Treatment in Workers' Compensation, Online Edition Chapter:Low Back-Lumbar &Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for more than 1 month, clear clinical, imaging, and electrophysiological evidence of a lesion, and a failure of conservative treatment. Official Disability Guidelines state prior to a discectomy, there should be objective evidence of radiculopathy. Imaging studies should indicate nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy, and epidural steroid injections. As per the documentation submitted, the provider noted a failure of conservative treatment to include physical therapy and epidural steroid injections. However, it was also noted that the injured worker denied participation in any type of formal physical therapy. Therefore, it is unclear whether the injured worker has exhausted conservative treatment. There is also no evidence of nerve root compromise upon imaging study. Based on the clinical information received and the above mentioned guidelines, the request not medically necessary.