MAXIMUS Federal Services

Case Number:	CM14-0079634		
Date Assigned:	07/18/2014	Date of Injury:	06/06/2011
Decision Date:	08/25/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/30/2014

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 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:

This claimant is a 61-year-old gentleman who sustained an injury to the low back on June 6, 2011. The medical records provided for review include the February 14, 2014 progress report noting continued low back and right lower extremity complaints. Examination showed positive right sided straight leg raising, diminished sensation in an L3 and L4 dermatomal distribution, and 4/5 strength with knee extension and hip flexion. The report of a lumbar MRI dated November 8, 2013, showed a small disc bulge, mild facet arthrosis and mild bilateral neural foraminal narrowing at the L4-5 level. There was no documentation of compressive pathology. Review of the follow up report dated April 10, 2014 described continued complaints of low back and leg pain for which a recent epidural steroid injection did not provide any significant long term benefit. The recommendation was made for an L4-5 decompression and microdiscectomy.

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on California ACOEM Guidelines, the request for an L4-5 Decompression/Possible Microdiscectomy surgical process would not be recommended as medically necessary. There is no documentation of acute compressive pathology on imaging that was made available for review. While there is noted to be a mild disc bulge, there is no direct nerve root compression or documentation of previous electrodiagnostic studies demonstrating radiculopathy at the requested level for surgery. Based on the claimant's clinical presentation and lack of direct clinical correlation between physical examination findings and testing, the role of the surgical procedure would not be supported.