

Case Number:	CM14-0095477		
Date Assigned:	09/22/2014	Date of Injury:	04/22/2000
Decision Date:	10/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/23/2014

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 Spine 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 67-year-old male who reported an injury on 08/26/2000 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his low back. The injured worker underwent surgical intervention to include decompression of the L5-S1 on 10/10/2013. The injured worker had ongoing pain complaints and underwent an MRI on 01/15/2014 that documented there was a diffuse disc bulge at the L5-S1 with facet degenerative changes causing effacement of the thecal sac and moderate to severe bilateral lateral recess stenosis. The injured worker underwent an electrodiagnostic study on 02/15/2014 that documented there was evidence of chronic L5-S1 radiculopathies and evidence of moderate peripheral neuropathy with demyelinating features. The injured worker was evaluated on 03/26/2014. It was documented that the injured worker had low back pain with an antalgic gait to the left. The injured worker's diagnoses included low back pain, lower radiculopathy, and lumbar herniated disc. The injured worker's treatment plan included a revision of the previous micro decompression and postoperative physical therapy. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Re-do left L5-S1 microdecompression, microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Surgical considerations. Decision based on Non-MTUS Citation Official Disability Guidelines: Indications for Surgery-- Discectomy/laminectomy

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

Decision rationale: The ACOEM Guidelines recommends decompression when the injured worker has clinically evident and significantly limiting radiating radicular symptoms that have failed to respond to conservative therapy and are consistent with pathology identified on an imaging study. The injured worker does have electrodiagnostic study evidence and MRI evidence of a disc bulge at the L5-S1 that would contribute to radicular findings. However, the most recent evaluation of the injured worker does not provide any evidence of significant radicular findings. As such, the requested Re-do left L5-S1 microdecompression, microdiscectomy is not medically necessary or appropriate.