

Case Number:	CM14-0098987		
Date Assigned:	07/28/2014	Date of Injury:	12/23/2013
Decision Date:	09/23/2014	UR Denial Date:	06/09/2014
Priority:	Standard	Application Received:	06/27/2014

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 Surgeon 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 55-year-old male who reported an injury on 12/23/2013 due to repetitive trauma while performing normal job duties. The injured worker reportedly sustained an injury to his lumbar spine. The injured worker underwent an x-ray of the lumbar spine dated 04/17/2014. It was noted that the injured worker had overall progression of degenerative disc disease most severe at L4-5. The injured worker was evaluated on 05/23/2014. It was documented that the injured worker had failed to respond to physical therapy and medications. Physical findings included decreased motor strength in the bilateral lower extremities with equal and symmetrical deep tendon reflexes bilaterally. It was noted that the injured worker was not on any pain medications. The injured worker's diagnoses included degeneration of the lumbar or lumbosacral intervertebral discs, spondylosis with myelopathy of the lumbar region and displacement of the lumbar intervertebral disc without myelopathy. The injured worker's treatment plan included L4-5 decompression as the patient had failed to respond to conservative management and had both weakness and numbness considered to be progressive. A Request for Authorization form for transforaminal foraminotomy and microdiscectomy at the L4-5 was submitted on 05/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 transforaminal foraminotomy and microdiscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305.

Decision rationale: The requested L4-5 transforaminal foraminotomy and microdiscectomy are not medically necessary. The American College of Occupational and Environmental Medicine recommends surgical intervention for spine surgeries be supported by significant functional limitations identified on clinical examination corroborated by pathology identified on an imaging study that have failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has progressive pain and weakness in the L4-5 distribution. The clinical documentation does include an x-ray that identifies degenerative disc disease at L4-5. However, an MRI identifying nerve root compression was not provided. Therefore, surgical intervention would not be supported. As such, the requested L4-5 Transforaminal foraminotomy and microdiscectomy are not medically necessary.