

Case Number:	CM13-0011592		
Date Assigned:	12/27/2013	Date of Injury:	04/15/2012
Decision Date:	01/22/2015	UR Denial Date:	08/05/2013
Priority:	Standard	Application Received:	08/15/2013

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 62-year-old male who reported a cumulative trauma injury on 04/15/2012. The current diagnosis is lumbar disc extrusion at L4-5 on the right. The injured worker presented on 07/22/2013 with complaints of low back pain. Previous conservative treatment is noted to include physical therapy and medication management. Physical examination on that date revealed pain in the right leg, a slight left leg limp, moderate tenderness in the lower back, slight weakness on single leg toe raising on the left, and positive straight leg raise on the left. X-rays of the lumbar spine obtained in the office revealed normal findings. Treatment recommendations at that time included surgical management. There was no Request for Authorization form submitted for this review. It is noted that the injured worker underwent an MRI of the lumbar spine on 07/01/2013, which revealed evidence of small central disc protrusion extending 3 mm into the canal at L4-5 resulting in right lateral recess effacement and right L5 nerve root impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT L4 HEMILAMINOTOMY AND L4-5 MICRODISCECTOMY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms, activity limitation for month, clear clinical, imaging and electrophysiologic evidence of a lesion and failure of conservative treatment. The Official Disability Guidelines state a discectomy/laminectomy may be indicated if there is evidence of radiculopathy upon physical examination. Imaging studies should reveal nerve root compression, lateral disc rupture or lateral recess stenosis. Conservative treatments should include activity modification, drug therapy and epidural steroid injection. There should also be evidence of a referral to physical therapy, manual therapy or a psychological screening. According to the documentation provided, the injured worker has been previously treated with medication management and physical therapy. However, there is no evidence of an attempt at conservative management in the form of epidural steroid injection. There was also no objective evidence of motor weakness or sensory deficit in a specific dermatomal distribution. Based on the clinical information received and the abovementioned guidelines, the request is not medically appropriate at this time.

1 DAY INPATIENT STAY: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: As the injured worker's surgical procedure has not been authorized, the current request is also not medically necessary.