

Case Number:	CM14-0115469		
Date Assigned:	09/23/2014	Date of Injury:	06/19/2011
Decision Date:	01/05/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/23/2014

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 Surgeon, has a subspecialty in Spine Surgeon and is licensed to practice in New Jersey. 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 37-year-old male who reported an injury on 06/19/2011. The mechanism of injury was not provided. On 05/28/2014, the injured worker presented with persistent back pain. An unofficial MRI revealed a large disc herniation of the lumbar spine at the L4-5 measuring 5 to 6 mm and L5-S1 measuring 3 to 4 mm. The injured worker participated in epidural steroid injections with no improvement of symptoms. There were no diagnoses noted. The provider recommended a lumbar discectomy. There was no rationale submitted. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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, Discectomy/Laminectomy

Decision rationale: The request for a lumbar discectomy is not medically necessary. The guidelines note that surgical consideration is recommended for patients with severe disabling low

leg symptoms in a distribution consistent with abnormalities on imaging studies accompanied by objective signs of neural compromise and activity limitation due to radiating leg pain for more than 1 month or extreme progression of low leg symptoms. There should be clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair with evidence of failure to respond to conservative treatment to resolve disabling radicular symptoms. The Official Disability Guidelines further state that surgical discectomy for carefully selected injured workers with radiculopathy due to lumbar disc prolapse provides faster relief from the the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. There should be unequivocal objective findings based on neurological exam and testing. The clinical note provided revealed low back pain. The provider mentioned that the patient had failed a trial of epidural steroid injections. There is a lack of documentation of clear clinical, imaging, or electrophysiologic evidence of a lesion noted. There is no evidence on physical examination of severe or disabling low leg symptoms in a distribution consistent with abnormalities on imaging studies. There is no evidence of activity limitation due to radiating leg pain. Based on the information submitted for review, medical necessity has not been established. Therefore, lumbar discectomy is not medically necessary and appropriate.