

Case Number:	CM14-0123350		
Date Assigned:	08/08/2014	Date of Injury:	08/29/2010
Decision Date:	01/05/2015	UR Denial Date:	07/07/2014
Priority:	Standard	Application Received:	08/05/2014

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, has a subspecialty in Spine surgery and is licensed to practice in New Hampshire, New York and Washington. 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 patient has chronic back. The patient also complains of decreased sensation in the left leg. MRI shows disc bulges at L4-5 and L5-S1 with no canal or foraminal spinal stenosis. Medical records do not contain a physical exam showing lumbar radiculopathy. Physical exam does not document significant lumbar radiculopathy. The patient continues to have low back pain. At issue is whether outpatient minimally invasive percutaneous lumbar discectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-S1 Outpatient Minimally Percutaneous Lumbar Discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation ODG low back chapter.

Decision rationale: This patient does not meet criteria for lumbar multilevel discectomy surgery. Specifically the medical records do not document specific radiculopathy that correlates with imaging studies. The MRI of the lumbar spine does not show any significant neural compression. Since is no correlation between imaging studies and physical examination, there is

no need for multilevel lumbar decompressive surgery. Criteria for lumbar decompressive surgery not met.

Urinalysis: 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: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.