

Case Number:	CM14-0177602		
Date Assigned:	11/03/2014	Date of Injury:	02/03/2011
Decision Date:	01/21/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	10/27/2014

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 Family Medicine and is licensed to practice in California. 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 42-year-old female who reported an injury on 02/03/2011. The injured worker reportedly sustained a lower back strain while restocking shelves. The current diagnoses include status post remote lumbar decompression and left lumbar radiculopathy secondary to L5-S1 disc protrusion. The injured worker presented on 09/15/2014 with complaints of 7/10 low back pain with left lower extremity symptoms. Previous conservative treatment includes medication management and physical therapy. Upon physical examination, there was tenderness to palpation of the lumbar spine, 60 degrees flexion, 50 degrees extension, 50 degrees left and right lateral tilt, 40 degrees left and right rotation, positive straight leg raise on the left at 30 degrees, diminished sensation in the left L5 and S1 dermatomal distributions, difficulty arising from a seated position, antalgic gait, and 4/5 left lower extremity strength. Treatment recommendations included a left L5-S1 decompression. A Request for Authorization form was then submitted on 10/14/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 decompression: 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): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy

Decision rationale: 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 more than 1 month, clear clinical, imaging, and electrophysiologic evidence of a lesion, and failure of conservative treatment. The Official Disability Guidelines recommend discectomy/laminectomy when 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, there is no evidence of an exhaustion of conservative treatment to include epidural steroid injection. There were also no imaging studies provided for this review. Therefore, the current request cannot be determined as medically appropriate at this time.