

Case Number:	CM14-0192641		
Date Assigned:	12/01/2014	Date of Injury:	09/30/2013
Decision Date:	01/15/2015	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	11/18/2014

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, 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:

58 year old male claimant with an industrial injury dated 09/30/13. The patient is status post a lumbar laminectomy discectomy dated 02/11/14. Exam note 10/27/14 states the patient returns with low back pain radiating down the left leg with numbness and tingling in the left foot/hand. The patient rates the pain a 7/10. Conservative treatments include activity modification, medication, physical therapy, and multiple epidural injections without any improvement. Upon physical exam there is no evidence of tenderness or abnormality surrounding the lumbar spine. Range of motion of the lumbar spine is diminished with a flexion/extension a 2/2 with pain. MRI lumbar spine from 8/1/14 demonstrates evidence of left hemilaminectomy with relief of spinal stenosis, mild disc desiccation and disc space narrowing. Motor strength is noted as 5/5 throughout and sensation is diminished near the lateral thigh to anterior knee. The patient completed a negative Babinski's test and demonstrated an antalgic gait. Diagnosis is noted as a lumbar disc herniation with radiculopathy. Treatment includes a L3-4 microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L3-4 microdiscectomy: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Discectomy/Laminectomy

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient there are no notes documenting progressive symptoms or a clear lumbar radiculopathy. In addition the MRI report from 8/1/14 does not demonstrate significant compression to warrant a microdiscectomy. Therefore the guideline criteria have not been met and determination is for non-certification.

1 pre-op testing to include labs: (CBC,BMP), EKG, CXR: 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 requested surgical procedure is not medically necessary, none of the associated services are medically necessary and appropriate.