

Case Number:	CM14-0196456		
Date Assigned:	12/04/2014	Date of Injury:	03/21/2014
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
Priority:	Standard	Application Received:	11/24/2014

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 Spine Surgeon 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 21-year-old female who reported injury on 03/21/2014. The mechanism of injury was due to the injured worker performing her customary duties while lifting a box of bananas, she pulled forward and felt a pain in her back and right leg. The patient has diagnosis of sciatica due to displacement of lumbar disc. Past medical treatments consist of chiropractic therapy, physical therapy, epidural steroid injection, and medication therapy. Medication includes ibuprofen 800 mg. On 07/08/2014, the injured worker underwent an MRI of the lumbar spine which revealed an annular tear with a 5 mm posterior right paracentral disc protrusion at L5-S1 with resultant compression of the right S1 nerve within the spinal canal. On 10/15/2014, the injured worker complained of low back and right leg pain. Physical examination revealed no tenderness to palpation. Bilateral hip flexion, knee flexion, knee extension, ankle plantar flexion of the left were 5/5. Ankle long peroneal on the right was 4/5, ankle dorsiflexion on the right was 4-/5, and ankle plantar flexion on the right was 4-/5. The physical examination of the musculoskeletal system was within normal limits. Babinski, Kerning's sign, Brudzinski's were negative. Medical treatment plan is for the injured worker to undergo right L5-S1 Microdiscectomy with intraoperative monitoring. A rationale was not submitted for review. The Request for Authorization form was submitted on 10/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5/S1 Microdiscectomy with Intraoperative Monitoring and Assistant Surgeon:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

Decision rationale: The request for right L5-S1 Microdiscectomy with intraoperative monitoring is not medically necessary. The California MTUS/ American College of Occupational and Environmental Medicine (ACOEM) Guidelines recommend nerve root decompression when a patient is suffering from serious spinal pathology or nerve root dysfunction. Criteria indicate that patients should have signs of severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy, preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than 1 month or extreme progression of lower leg symptoms, clear clinical imaging electrophysiologic evidence of a lesion that has been shown to benefit in both short and long term from surgical repair and/or failure of conservative treatments to resolve disabling radicular symptoms. Patients fitting the above criteria may be referred for surgical consultation. The submitted documentation did not indicate that the injured worker had any functional deficits. Upon physical examination, it was noted that findings were within normal limits. Neurological testing came back with negative Babinski, Kerning's and Brudzinski's. It was also noted that there was no tenderness to palpation along the lumbar spine. MRI dated 07/08/2014 of the injured worker's lumbar spine did indicate an annular tear with a 5 mm posterior right paracentral disc protrusion at L5-S1 with results in compression of the right S1 nerve within the spinal canal. However, there were no symptoms of the injured worker having severe or disabling leg pain, nor was there any evidence of the injured worker having any activity limitations due to the radiating leg pain. Given the above, the injured worker is not within the California MTUS recommended guideline criteria. As such, the request is not medically necessary.