

Case Number:	CM14-0196875		
Date Assigned:	12/04/2014	Date of Injury:	06/28/2013
Decision Date:	01/15/2015	UR Denial Date:	10/30/2014
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 Surgery, has a subspecialty in Orthopedic Spine Surgery and is licensed to practice in New York. 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 is a 36-year-old L1 the date of injury of June 20, 2013 who has chronic low back pain. The patient is diagnosed with lumbar disc herniation. An MRI the lumbar spine shows posterior disc protrusion at L5-S1. The patient has chronic back and leg pain. A physical examination shows diminished light touch sensation in the lateral shin an anterior foot. Motor exam shows 4/5 strength of left dorsiflexor and plantar flexion. There is no atrophy. The patient has normal range of motion of the back. The treatment has had 3 lumbar injections, and physical therapy medications. At issue is left-sided L5-S1 micro-discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discectomy L5-S1: 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): 305-307.

Decision rationale: The patient does not meet establish criteria for L5-S1 discectomy surgery. Specifically, there is no clear correlation between MRI imaging studies and physical examination showing specific radiculopathy. S1 specific radiculopathy was clearly documented on physical

examination. Since there is no clear correlation between imaging studies and physical examination, criteria for L5-S1 discectomy surgery not met. The patient does not have a clear-cut S1 radiculopathy on physical examination. Surgery is not medically necessary.

Associated surgical services: Facility: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated surgical services: Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.

Associated surgical services: Pre-Op CXR: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Since the primary procedure is not medically necessary, the associated services are not medically necessary.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since surgery is not medically necessary, then all other associated items are not needed.