

Case Number:	CM14-0204003		
Date Assigned:	12/15/2014	Date of Injury:	08/07/2013
Decision Date:	02/09/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Neurology, has a subspecialty in pain Medicine and is licensed to practice in Florida. 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:

10/31/14 PR-2 notes pain in the back, left buttock, thigh and calf. There is numbness in the left leg. Lumbar injection provided only transient relief. MRI of lumbar spine is reported to be significant for left lateral L5-S1 disc herniation compressing the left S1 nerve root. There is moderate pain to palpation of the lumbar spine. There is positive straight leg raise with diminished light touch on lateral shin to foot. The left ankle reflex is absent. Left dorsiflexion strength is 4/5. The insured is reported to have failed physical therapy and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Discectomy L5-S1: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) -Back, Discectomy

Decision rationale: The available medical records report pain and strength deficit in both legs as well as sensory loss with reported correlation to neuroimaging findings. ODG guidelines support surgery in the event there is radicular pain with corroboration by physical examination and

corroboration by neuroimaging and or neurophysiology testing. As the medical records do support the medical necessity of surgery, therefore, the requested for L5-S-1 discectomy is medically necessary and appropriate.