

Case Number:	CM14-0219096		
Date Assigned:	01/09/2015	Date of Injury:	11/14/2012
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 44 year old male sustained work related industrial injuries on November 14, 2012. The mechanism of injury involved lifting and bending causing injury to lumbar spine. The injured worker subsequently complained of low back pain radiating to lower extremities with associated leg spasms. The injured worker was diagnosed and treated for lumbar spondylosis and bilateral sciatica. Treatment consisted of radiographic imaging, prescribed medications, lumbar epidural steroid injection, chiropractic treatment, massage therapy, acupuncture, physical therapy, consultations and periodic follow up visits. Per treating provider report dated August 13, 2014, the provider noted that the injured worker had bilateral leg pain, more than his lower back. Documentation noted his legs gave way and the injured worker fell, causing injury to his right wrist. Straight leg raising was positive bilaterally. Neurological exam of the lower extremities was noted to be intact with regard to motor, strength, sensation and deep tendon reflexes. MRI of the lumbar spine from March 7, 2014 revealed a right L4-5 and left L5-S1 disc protrusion with an annular tear and disc bulge at L3-L4. The treating physician prescribed services for Left L5-S1 and right L4-5 microdiscectomy now under review. On December 18, 2014, the Utilization Review (UR) evaluated the prescription for Left L5-S1 and right L4-5 microdiscectomy requested on December 10, 2014. Upon review of the clinical information, UR non-certified the request for Left L5-S1 and right L4-5 microdiscectomy, noting the lack of failed conservative measures to support medical necessity and the recommendations of the MTUS guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 and right L4-5 microdisceomy: 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 Page(s): 305, 306.

Decision rationale: California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The documentation provided indicates no objective neurologic findings on examination. There was no sensory deficit noted at the last examination. There was no motor weakness. Deep tendon reflexes were symmetrical. The electrodiagnostic studies were normal. There was no clinical evidence of radiculopathy corroborating the MRI findings. As such, the guideline requirements of clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgery was not met. The requirement for psychological evaluation and screening to improve surgical outcomes was also not met. The non-operative treatment options have not been exhausted. As such, the surgical request for L4-5 microdiscectomy on the right and L5-S1 microdiscectomy on the left is not supported and the medical necessity is not substantiated.