

Case Number:	CM15-0005667		
Date Assigned:	01/26/2015	Date of Injury:	01/07/2011
Decision Date:	04/10/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	01/12/2015

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: California

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:

The injured worker is a 39 year old male, who sustained an industrial injury on 1/7/2011, resulting in low back pain. The diagnoses have included lumbosacral neuritis. Treatment to date has included conservative treatment. Currently, the injured worker complains of low back pain with occasional shooting pains down the lower extremities, left greater than right, and paresthasias in the left leg and foot. He was well developed and well nourished. VAS score was 4/10. His back was non-tender to palpation with decreased range of motion. Numbness of the left lower extremity was documented. Straight leg raise was positive bilaterally and gait was normal. The progress report, dated 12/01/2014, noted magnetic resonance imaging findings from 11/07/2014, as showing L5-S1 moderate degenerative disc disease with a very large central and left herniated nucleus pulposus, causing severe nerve root compression, especially on the left. The impression was severe lumbar radiculopathy with axial low back pain. Conservative and surgical treatment was discussed. On 12/11/2014, Utilization Review non-certified a request for (1) left L5-S1 microdiscectomy (to include 63030 and 69990), citing ACOEM and ODG guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left L5-S1 microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Discectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-309. 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 the exam note from 11/7/14 demonstrates lumbar radiculopathy and a large paracentral herniated disc at the L5/S1 level. Therefore the guideline criteria have been met and determination is for certification.