MAXIMUS Federal Services

Case Number:	CM15-0041285		
Date Assigned:	03/11/2015	Date of Injury:	09/19/2014
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/04/2015

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: Oregon, California
Certification(s)/Specialty: Neurological 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 30-year-old female who reported an injury on 09/19/2014. The mechanism of injury was not specifically stated. The current diagnosis is recurrent herniated disc protrusion at L4-5. The injured worker presented on 01/05/2015 for a follow-up evaluation with complaints of persistent low back pain and left lower extremity symptoms. Upon examination, there was a well-healed posterior incision, a loss of lordosis, muscle spasms, tenderness, and restricted motion. Neurologically, the injured worker was globally intact in the lower extremities with weakness upon left ankle dorsiflexion. There was a positive straight leg raise test. Diminished reflexes were also noted. Recommendations included a revision decompression on the left side at L4-5. There was no Request for Authorization form submitted for this review. An official MRI report from 02/06/2014 was submitted for this review and revealed evidence of a disc herniation at L4-5 causing left lateral recess compromise and central canal narrowing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microlumbar Discectomy, Left L4-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Discectomy/Laminectomy.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation is indicated for patients who have severe and disabling lower extremity symptoms; activity limitations for more than 1 month; clear clinical, imaging, and electrophysiologic evidence of a lesion; and a failure of conservative treatment. The Official Disability Guidelines recommend a discectomy/laminectomy when there is objective evidence of radiculopathy upon examination. Imaging studies should reveal evidence of nerve root compression, lateral disc rupture, or lateral recess stenosis. Conservative treatment should include activity modification, drug therapy, and epidural steroid injection. There should also be evidence of a referral to physical therapy or manual therapy. In this case, there was no documentation of a recent attempt at any conservative treatment to include active rehabilitation or epidural steroid injection. There is a lack of documentation of a proper history mentioning if the motor deficit corresponding to the left L5 nerve root is new and/or if there is associated sensory loss. Given the above, the request is not medically appropriate at this time.

Inpatient Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.