

Case Number:	CM15-0089397		
Date Assigned:	05/13/2015	Date of Injury:	11/15/2011
Decision Date:	06/12/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/08/2015

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 51 year old male, who sustained an industrial injury on 11/15/2011. He has reported injury to the low back. The diagnoses have included lumbar spine sprain/strain; and lumbar radiculopathy secondary to disc herniation at the L4-5 level contacting the exiting right L4 nerve root. Treatment to date has included medications, diagnostics, epidural steroid injection, chiropractic sessions, and physical therapy. Medications have included Norco. A report from the treating physician, dated 04/07/2015, documented an evaluation with the injured worker. Currently, the injured worker complains of severe back pain that radiates into his right leg that has been associated with weakness and numbness sensation of the right leg. Objective findings included sensory loss to light touch, pinprick, and two-point discrimination in the medial aspect of the right foot; gait is slow; straight leg raising test is positive in the right and left legs; severe muscle spasm in the lumbosacral musculature; and increased back pain with range of motion. The treatment plan has included the request for right L4-5 microdiscectomy and foraminotomy (inpatient).

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L4-5 Microdiscectomy and Foraminotomy (Inpatient): Upheld

Claims Administrator 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) Indication for Surgery, Discectomy/ Laminectomy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation ODG Low Back, discectomy/laminectomy and ODG, Low Back, Hospital length of stay.

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, there are objective findings from 4/7/15 documenting progressive symptoms and a clear lumbar radiculopathy. CA MTUS/ACOEM is silent on the issue of hospital length of stay following a lumbar microdiscectomy. According to the ODG, Low back section, Hospital length of stay, a 1-day inpatient stay is best practice. As a request is for an unknown amount of inpatient days following microdiscectomy, the determination is for non-certification for the entirety of the procedure. The request is not medically necessary.