

Case Number:	CM14-0128180		
Date Assigned:	09/23/2014	Date of Injury:	09/05/2013
Decision Date:	10/28/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 Orthopedic Spine Surgery and is licensed to practice in Texas. 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:

The injured worker is a 34-year-old male who reported an injury on 09/05/2013, after the forklift he was operating was T boned by another forklift. The injured worker reportedly sustained an injury to his low back. The injured worker was conservatively treated with physical therapy, medications, and epidural steroid injections. The injured worker underwent an MRI on 11/06/2014 that documented there was lumbar spondylosis with disc protrusion at the L4-5 impinging the L5 nerve root, with evidence of facet arthropathy. The injured worker underwent an electrodiagnostic study that did not identify any abnormalities. The injured worker was evaluated on 07/02/2014. Physical findings included low back pain that was rated at a 7/10 that radiated into the left lower extremity. Physical examination findings also included restricted range of motion secondary to pain with a positive left sided straight leg raising test, and decreased sensation in the L4 dermatomal distribution. The injured worker also had decreased sensation in the L5 dermatomal distribution. The injured worker's diagnoses included a herniated disc of the lumbar spine at the L4-5, low back pain, and left lumbar radiculopathy. A left L4 microdiscectomy was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 Micro discectomy: Overturned

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): 307.

Decision rationale: The American College of Occupational and Environmental Medicine recommends decompression surgery for patients who have clinically evident radiculopathy consistent with pathology identified on an imaging study that had failed to respond to conservative treatment. The clinical documentation submitted for review does indicate that the injured worker has radicular findings in the L4-5 dermatomal distribution, consistent with disc bulges impinging the L4 and L5 nerve roots. It is also noted that the injured worker has failed to respond to physical therapy, medications, and multiple epidural steroid injections. Therefore, surgical intervention would be supported in this clinical situation. As such, the requested L4-5 microdiscectomy is medically necessary.