

Case Number:	CM14-0147877		
Date Assigned:	09/15/2014	Date of Injury:	11/27/2012
Decision Date:	11/03/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/11/2014

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 Surgery and is licensed to practice in California. 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 claimant is a 61 year old gentleman who sustained a low back injury from a work related fall on 11/27/12. The clinical records provided for review specific to the claimant's low back documented previous conservative treatment consisted of epidural steroid injections, medication management, work restrictions and physical therapy. The progress report of 07/24/14 noted continued low back and bilateral leg pain with weakness and tingling. Physical examination revealed tenderness and spasm of the paravertebral musculature, tenderness over the L5-S1 facet joints, straight leg testing was negative on the left, and there was diminished sensation of the left L5 and S1 dermatomal distribution. Motor strength was noted to be diminished on the left in the L4-S1 distribution. The report of a prior MRI dated 06/06/13 identified disc bulging at L3-4 and L4-5 levels with associated foraminal narrowing and evidence of anterolisthesis with L4-5. Clinical records fail to demonstrate compressive pathology or clinical findings at the L5-S1 level. This review is for the request for an L4-5 and L5-S1 microdiscectomy and left sided hemilaminectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 and L5-S1 microdiscectomy and left sided hemilaminotomy, foraminotomy decompression for low back.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Based on the California ACOEM Guidelines, the request for an L4-5 and L5-S1 microdiscectomy is not recommended as medically necessary. The medical records do not contain any documentation of significant compressive pathology at the L5-S1 level to support the role of the two level procedure in question. Without clinical correlation between the two requested levels of surgery, with compressive findings on imaging and physical examination findings, the request for the proposed surgery is not medically necessary.