MAXIMUS Federal Services

Case Number:	CM14-0168436		
Date Assigned:	10/16/2014	Date of Injury:	11/07/2011
Decision Date:	11/18/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/13/2014

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 54-year old female who injured her low back on 11/07/11, while carrying televisions in a repetitive fashion at work. Clinical records provided for review included the report of an MRI of the lumbar spine dated 01/20/14, identifying a nine millimeter disc protrusion at L4-5 resulting in compression of the thecal sac but no evidence of nerve root compression or foraminal encroachment. There was also a 2 millimeter disc bulge at L5-S1 as well as mild to moderate left and mild right facet joint changes at the L4-5 level. The claimant has been treated conservatively with medication management, facet joint injections, epidural steroid injections and physical therapy. The progress report dated 09/18/14 described persistent low back complaints with radiating pain to the left leg. Objective findings on examination included restricted range of motion, tenderness to palpation, positive low back pain with straight leg raising and diminished sensation of the left foot. There was discernible weakness of the left extensor hallucis longus compared to the right. The claimant was diagnosed with disc herniation at the L4-5 level and the recommendation was made for left L4-5 discectomy. There is no documentation of further imaging or electrodiagnostic studies in the medical records for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: Left L4-5 discectomy QTY:1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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 a left L4-5 discectomy is not supported as medically necessary. The medical records do not identify significant compressive pathology at the L4-5 level to clinically correlate with need for an L4-5 discectomy. There is no indication of an electrodiagnostic study available for review. Without clinical correlation between compressive imaging pathology and claimant's physical examination findings, the request for surgical intervention would not be indicated.

Associated Surgical Service: Pre-Op Medical Clerance QTY:1: 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, Preoperative testing.

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

Decision rationale: The proposed surgery is not medically necessary. Therefore, the request for Pre-Op Medical Clearance is also not medically necessary.

Associated Surgical Service: Surgery Assistant QTY: 1: Upheld

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

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

Decision rationale: The proposed surgery is not medically necessary. Therefore, the request for a Surgery Assistant QTY: 1 is also not medically necessary.

Associated Surgical Service: Reacher: Upheld

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

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

Decision rationale: The proposed surgery is not medically necessary. Therefore, the request for a Reacher is also not medically necessary.