

Case Number:	CM14-0201245		
Date Assigned:	12/11/2014	Date of Injury:	04/23/2014
Decision Date:	01/27/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	12/02/2014

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 Spine Surgery and is licensed to practice in New York. 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 patient has chronic LBP and right leg pain. There was no improvement with ESI injection. Patient uses a cane to walk and takes Norco for pain. Physical exam shows decreased range of lumbar motion with pain. Reflexes are normal in the legs. Sensation is normal otherwise but decreased in right L5 dermatome. Straight leg raise is positive on right and the back is tender to palpation. Patient had previous lumbar surgery. At issue is whether revision L4-5 microdiscectomy surgery is needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Revision L4-5 microdiscectomy: 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): 305-322.

Decision rationale: This patient does not meet MTUS criteria for lumbar decompression surgery. The records do not document a recent trial and failure of conservative measures to include physical therapy. More conservative measures are needed. There are no red flags for surgery such as progressive deficit or tumor. Surgery not needed at this time.

