

Case Number:	CM14-0215248		
Date Assigned:	01/02/2015	Date of Injury:	04/16/2014
Decision Date:	03/04/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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:

23 year old claimant with reported industrial injury of 4/16/14. Exam note 1/20/14 demonstrates report of low back pain with radiation to the lower extremity. Pain is described as pins and needles. Exam demonstrates severe limitation of range of motion of the lumbar spine. Antalgic gait is noted with positive straight leg raise noted. Decreased sensation is noted at the L1 to S1 dermatomes. Left peroneal weakness is noted at L4/5. MRI lumbar spine from 9/2/14 demonstrates 11 x 11 mm protrusion/extrusion at the L4/5 level resulting in severe stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy at L4-L5 and cortisone injection: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Low back chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Low Back, Discectomy/laminectomy

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 the exam notes from 1/20/14 do not document attempted conservative therapy such as physical therapy. In addition there is a request for a concurrent epidural which represents a conservative step prior to surgical intervention. Therefore the guideline criteria have not been met and determination is for non-certification.