

Case Number:	CM14-0219187		
Date Assigned:	01/09/2015	Date of Injury:	03/17/2010
Decision Date:	03/17/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/30/2014

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:

The injured worker is a 47 year old female, who sustained an industrial injury on March 17, 2010. She has reported lower back and left foot pain. The diagnoses have included plantar fasciitis, anxiety disorder, and lumbosacral radiculopathy. Treatment to date has included anti-epilepsy, oral and topical non-steroidal anti-inflammatory, and muscle relaxant medications, electrodiagnostic testing, an MRI, left foot injections, transforaminal epidural steroid injection, psychological care, acupuncture, home exercise program, and physical therapy. Currently, the injured worker complains of persistent bilateral lower back pain with radiation to the left L5, S1 distribution with weakness, numbness, and tingling in the left lower extremity. Currently, the injured worker is being treated with muscle relaxant and pain medications, she sees a pain management specialist, and a lumbar surgery has been recommended. MRI dated 5/2/14 demonstrates L5/S1 level a 2 mm left posterolateral disc protrusion without neural impingement. On December 16, 2014 Utilization Review non-certified a request for a lumbar laminectomy and microdiscectomy at L5-S1, noting the lack of evidence of nerve root compression on either the MRI or EMG (electromyography). The MTUS, ACOEM (American College of Occupational and Environmental Medicine) Guidelines, Surgical Considerations, Lumbosacral Nerve Root Decompression was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy and microdiscectomy at left L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Surgical Considerations

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 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 MRI from 5/2/14 does not demonstrate any evidence of nerve impingement to warrant surgical care. Therefore the guideline criteria have not been met and determination is for non-certification.