

Case Number:	CM14-0143800		
Date Assigned:	09/12/2014	Date of Injury:	02/13/2014
Decision Date:	10/22/2014	UR Denial Date:	08/08/2014
Priority:	Standard	Application Received:	09/05/2014

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 Texas. 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 injured worker is a 48 year old male who sustained an injury on 02/13/14 while sorting boxes of paper which caused the development of low back pain. There was a consideration for epidural steroid injections. Prior medications to include NSAIDs were not helpful. Physical therapy had been ordered. Radiographs of the lumbar spine dated 02/26/14 noted mild multi-level degenerative disc disease. MRI studies of the lumbar spine dated 03/10/14 noted mild disc narrowing with desiccation. There was a 5mm disc protrusion with an extruded component tracking behind the L5 vertebra to the left measuring 10mm obliterating the left lateral recess. As of 07/24/14 the injured worker continued to report severe pain in the low back radiating to the left. The injured worker's physical exam noted weakness of the extensor hallucis longus and on ankle dorsiflexion. There was decreased sensation in a L5 distribution. The requested lumbar laminectomy and discectomy at L4 to L5 was denied on 08/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L4-5 Laminectomy and discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guideline (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 303-305.

Decision rationale: In review of the clinical documentation provided for review, the injured worker's MRI study notes an extruded disc fragment at L4 to L5 obliterating the left lateral recess at this level. This correlates with the injured worker's recent physical exam findings which noted weakness of the extensor hallucis longus and on ankle dorsiflexion. There was decreased sensation in a L5 distribution. Given the size and extent of the pathology noted on MRI that is contributing to correlating findings on physical exam, it is this reviewer's opinion that any non-operative treatment would not be effective for this condition. The injured worker is a clear outlier to guideline recommendations regarding non-operative treatment. As such, this request is recommended as medically necessary.