

Case Number:	CM13-0067711		
Date Assigned:	01/03/2014	Date of Injury:	09/10/2001
Decision Date:	11/10/2015	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	12/18/2013

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: New York, New Hampshire, Washington
 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 patient has low back pain radiating to the right leg. Treatment has included epidural steroid injection, medications, and activity modification. Physical examination demonstrates normal neurologic function in the bilateral lower extremities. There is a limited range of lumbar motion. Flexion-extension x-rays demonstrate degenerative disc condition at L4-5 and L5-S1 with no instability. MRI from August 2013 demonstrates L4-5 moderate spinal stenosis and mild left to moderate right foraminal narrowing at L5-S1. At issue is whether lumbar microdiscectomy is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar microdiscectomy of L4-5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines - Low Back Chapter; AMA Guides (Radiculopathy).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Second edition of the Minnesota Multiphasic Personality Inventory (MMPI-2).

Decision rationale: This patient does not meet criteria for lumbar microdiscectomy at this time. Specifically, the patient does not have a neurologic deficit documented on physical examination. In addition, physical exam does not correlate with specific compression on MRI imaging studies documenting radiculopathy. Criteria for lumbar microdiscectomy are not met.