

Case Number:	CM13-0018289		
Date Assigned:	01/15/2014	Date of Injury:	05/21/2011
Decision Date:	03/19/2014	UR Denial Date:	08/26/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 physician 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:

This patient is a 49-year-old female with date of injury on 05/21/2011. Per handwritten report by [REDACTED], 08/15/2013, listed diagnoses are right L5-S1 HNP, radiculopathy, decreased sensation and strength, failed conservative management. Patient continues to have right leg pain, getting worse over the last 6 months with 2 years of pain. Her EMG showed right L5/S1 radiculopathy denervation, MRI showed right-sided disk herniation at L5-S1 lateral recess, examination showed right neural tension, positive straight leg raise, right calf atrophy with decreased sensation in right S1. MRI of the lumbar spine from 08/12/2013 reads a 2-mm small left lateral endplate osteophytic ridge extending into the extraforaminal location, results in very mild left foraminal stenosis but no effacement of the exiting nerve roots, at L4-L5 a less than 2-mm annulus bulge extending laterally into extraforaminal direction and mild facet arthrosis. There is another MRI of the lumbar spine from 01/24/2013, which describes small left foraminal protrusion and annular tear at L4-L5 and at L5-S1. Minimal disk osteophyte complex noted at the left foramen without substantial foraminal stenosis. EMG/NCV report from 01/31/2013 showed right active L5 and S1 denervation.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

Decision rationale: This patient presents with low back and right lower extremity pain. ■■■■■ has requested microdiscectomy at L5-S1 indicating that the patient has right lower extremity pain, right-sided L5-S1 disk herniation with positive EMG for right L5 and S1 denervation. There were two different MRI reports available for review. MRI from 01/24/2013 report reads that there is a left foraminal annular tear at L4-L5 without foraminal stenosis. At L5-S1, there was left minimal osteophyte at L5-S1 with no foraminal stenosis. Another MRI from 08/17/2013 showed left lateral extraforaminal disk/osteophyte at L5-S1, with very mild left foraminal stenosis. ACOEM Guidelines page 305 and 306 recommends surgery for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, clear clinical imaging and electrophysiologic evidence of lesion that has been shown to be beneficial in both short and long term from surgical repair. In this patient, the patient presents with right lower extremity pain, with EMG needle studies showing right L5 and S1 radiculopathy. However, both of the MRIs obtained on 01/24/2013 and 08/17/2013 show findings over to left side. ■■■■■ indicates that there is a disk herniation over to the right side at L5-S1, but neither of these reports confirmed his findings. ACOEM Guidelines require lower extremity symptoms and distribution consistent with abnormalities on imaging studies, and in this case, there is discrepancy between what the MRI shows and the location of pain and the proposed site of microdiscectomy surgery. Recommendation is for denial.

Pre-operation medical clearance with PCP: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 305-306.

Decision rationale: Given the denied surgical intervention, based on lack of consistency between the patient's presenting symptoms and MRI findings, there would be no need for preoperative medical clearance. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Post-Operation Physical Therapy 2 X 8: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Indications for Surgery.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306,Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Given the denied surgery based on discrepancy between the patient's presenting symptoms and MRI findings, there would be no need for postoperative physical therapy. Recommendation is for denial. Since the primary procedure is not medically necessary, none of the associated services are medically necessary.