

Case Number:	CM13-0034652		
Date Assigned:	12/11/2013	Date of Injury:	03/28/2013
Decision Date:	10/20/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/15/2013

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. 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 45 year old female who had a work related injury on 03/28/13. No mechanism of injury is documented. She has been treated with physical therapy and 1 epidural steroid injection. She complains of continued right leg pain radiating to the foot that was worse than her back pain and was accompanied by numbness and weakness. Aggravated by prolonged sitting, standing, and walking increased her pain. Gait was normal. Lumbar motion was diminished in all planes and painful. The neurological examination was normal. Straight leg raising tests were positive on the right. Lumbar MRI on 05/13/13 was reported to show a large L5-S1 disc extrusion with compression of the exiting nerve roots. Lumbar x-rays on 04/17/13 showed mild diffused L5-S1 spondylosis. The most recent medical record submitted for review is dated 06/14. The injured worker returned 6 months status post L5-S1 subtotal discectomy for a massive disc herniation. Since her last visit, she did start Gabapentin 300mg but is only taking 1 pill in the afternoon as this did cause significant sleepiness. She has only very mild if any improvement in the right leg pain. She is still having right lateral thigh pain into the calf with tightness. She continues to do Pilates, swimming, and light exercise in the gym. She has completed all physical therapy at this point. Physical examination she shows that she has decreased sensation in the posterolateral thigh, otherwise full sensation to the bilateral lower extremities. She does have weakness in the EHL on the right and a dropped Achilles reflex on the right. She has a positive straight leg raise on the right at full extension, recreating pain in right posterolateral thigh. Negative straight leg raise on the left. Diagnoses lumbar degenerative disc disease. Lumbar herniated disc. Radiculopathy and lumbosacral neuritis. Low back pain. MRI scan of the lumbar spine dated 06/03/14 was reviewed. This reveals evidence of essentially isolated significant disc degeneration at L5-S1 with 50-60% disc height loss at this level. There are only minimal degenerative changes at the levels above. There is a recurrent disc protrusion

centrally and as well as there is scar tissue that surrounds the thecal sac distal to the recurrent disc protrusion. There is some scar tissue surrounding the thecal sac and S1 nerve roots below the level of the disc. The radiologist noted that it is impossible to differentiate granulation tissue from a disc herniation at the L5-S1 level. There was a clear distinction between a recurrent disc herniation which is clearly visible and granulation tissue which surround the thecal sac and traversing S1 nerve root, which is also clearly viable. The signal characteristics of the scar tissue are completely different. The request is for outpatient L5-S1 microdiscectomy, L5 laminectomy, assistant surgeon, and a 23 hour observation stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient L5-S1 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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

Decision rationale: The radiologist and requesting provider have different interpretation of the most recent MRI. The radiologist noted that it is impossible to differentiate granulation tissue from a disc herniation at the L5-S1 level. The requesting provider, stated there was a clear distinction between a recurrent disc herniation which is clearly visible and granulation tissue which surround the thecal sac and traversing S1 nerve root, which is also clearly viable. The signal characteristics of the scar tissue are completely different. Due to the different interpretation medical necessity has not been established. Therefore, the request is not medically necessary.

L5 Laminectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Assistant Surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

23 Hour Observation Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.