

Case Number:	CM13-0058224		
Date Assigned:	12/30/2013	Date of Injury:	01/03/2013
Decision Date:	05/07/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/26/2013

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 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 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 patient is a 33 year old male who was injured on 01/03/2013 while he was lifting a large dog into the back of a pickup. He sustained an injury to his left arm and back. Prior treatment history has included chiropractic sessions, physical therapy and L5-S1 epidural steroid injection (ESI) on 06/27/2013. Diagnostic studies reviewed include x-ray of the right foot performed on 10/23/2013 revealed a healing fracture proximal phalanx fourth toe and an almost completely healed fracture of the fifth metatarsal. X-ray of the foot, 3 views, performed on 10/23/2013 revealed subacute healing fracture proximal phalanx fourth toe. MRI of the left elbow performed on 02/19/2013 revealed increased signal is seen in the distal bicipital tendon just prior to its insertion, consistent with tendinosis. There is some associated tenosynovitis adjacent to the biceps tendon as well. MRI of the lumbar spine performed on 01/31/2013 revealed 1) Central and left sided protrusion at the L4-5 level causing 3.7 mm encroachment on the thecal sac. It is more prominent on the left than the right. There is some increased signal in the posterior annulus, consistent with an annular scar. Anterior-posterior diameter of the bony canal at this level is 11.8 mm. There is some narrowing of the foramina at this level bilaterally. The changes at L4-5 have appeared since the previous MRI of 04/21/2005. X-Ray of the lumbar spine, complete performed on 01/15/2013 revealed slight scoliosis and slight L4-L5 disc narrowing. There is no fracture or subluxation. An orthopedic note dated 10/02/2013 indicated the patient presented with back pain located across the lumbar spine and in the right lower back area. The symptoms are described as pins and needles, throbbing, aching, constant and dull. The symptoms are unchanged. He rates his pain 7/10, 3/10 at its best and at its worst 5/10. On inspection of the lumbar spine, he has no deformity, erythema, soft tissue swelling, ecchymoses or atrophy; palpation; moderate tenderness is present at the lumbar paraspinals bilaterally and the left lower lumbar paraspinous muscles; range of motion: lumbar extension is severely limited and 50% of normal; Straight leg

raise in the sitting position is positive on the left. The passive straight leg raise test is positive on the left. Neurologic examination revealed right great toe extension strength is 5/5. The left great toe extension strength is 4+/5; right ankle plantar flexion strength is 5/5; left ankle plantar flexion strength is 4-/5. His sensation is decreased on the left in the L5 dermatome. He has a moderate antalgic gait. The patient is diagnosed with 1) Pain, low back; 2) Lumbar DDD; 3) Sciatica; 4) DJD of the spine; 5) Spinal stenosis without Neurogenic claudication; 6) Lumbar Radiculopathy. He has tried 24 sessions of physical therapy. He has tried injections at both L4-5, L5-S1 in addition to medications and lifestyle alteration. None of the above mentioned conservative treatments have supplied any relief. He has sensory and motor deficits including nerve root tension sign. He is motivated. A microlumbar disc surgery, left L4-5 has been recommended for this patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

OUTPATIENT MICROLUMBAR DISCECTOMY LEFT L4-5: 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): 305-306.

Decision rationale: According to the ACOEM Guidelines, referral for surgical consultation is indicated for patients who have, "Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; Clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair; Failure of conservative treatment to resolve disabling radicular symptoms." According to the ODG, surgical discectomy for carefully selected patients with radiculopathy due to lumbar disc prolapse provides faster relief from the acute attack than conservative management, although any positive or negative effects on the lifetime natural history of the underlying disc disease are still unclear. Unequivocal objective findings are required based on neurological examination and testing. An orthopedic note dated 10/02/2013 indicated the patient presented with back pain located across the lumbar spine and in the right lower back area. He rates his pain as 3/10 at its best and at its worst 5/10. The patient reported mild to slightly moderate pain levels, and does not describe any pain or symptoms referring to the lower extremity. It is acknowledged that physical examination demonstrated mild positive findings suggestive of a nerve root compromise which is somewhat consistent with the MRI of the lumbar spine which revealed a potential surgical lesion. However, the subjective complaint does not appear to clearly correlate with the objective findings. The medical records do not detail the patient's medication regimen, PT, and response to the LESI. According to the orthopedic report, conservative care including physical therapy, activity modification and LESI have been tried and were not beneficial. Given this information, the patient may be a candidate for

microdiscectomy. However, given the somewhat equivocal findings and mild subjective pain without radicular complaints, the request is not medically necessary and appropriate.

SURGICAL ASSISTANT: 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.

PRE-OP CLEARANCE: 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.

CARDIAC CLEARANCE AND PRE-OP MEDICATION: 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.

NORCO 5/325MG NUMBER FIFTY (50) WITH ONE (1) REFILL: 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.