

Case Number:	CM14-0112032		
Date Assigned:	08/01/2014	Date of Injury:	06/03/2013
Decision Date:	09/09/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/18/2014

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 Orthopaedic 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:

This 65-year-old female RN sustained an industrial injury on 6/3/13. Injury occurred while lifting an inmate onto a high gurney with her co-workers. The 4/24/14 spine surgeon report indicated the patient was seen for follow-up of her neck and back discomfort. A lumbar epidural steroid injection helped somewhat. MRI review documented small central disc protrusion at L5/S1 without significant nerve root compromise. There was a very minimal disc bulge at C4/5; the study was almost normal with minimal pathology present. The patient was to continue physical therapy and return to her primary treating physician for permanent and stationary status. No surgical treatment was recommended at this time. The 5/10/14 occupational medicine report documented that the patient reported the spine surgeon recommended low back surgery. Subjective complaints included back pain with no radicular pain. Lumbar exam documented slow and guarded range of motion. Seated straight leg raises were negative and deep tendon reflexes were equal. The 5/16/14 orthopedic AME report documented MRI findings of very mild degenerative change with mild canal and foraminal narrowing at L5/S1. Additional conservative treatment and EMG/NCV was recommended. The 6/10/14 occupational medicine report indicated the patient continued to complain of low back pain and neck pain. The patient reported no relief after two lumbar epidural injections. She had a block about 8 days prior with only minimal relief. Lumbar spine exam documented mild to moderate loss in range of motion. Seated straight leg raise caused increased right thigh pain. Sensation was intact. The treatment plan recommended referral to the spine orthopedist for evaluation and treatment. Authorization was requested for a left L5 hemilaminectomy and L5/S1 microdiscectomy. This 6/23/14 utilization review denied the recommendation for consult and treatment with a spine orthopedist and lumbar surgery as there was no subjective and objective radicular findings in the requested nerve root distribution and imaging at the requested level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consult and Treatment with Spine Ortho: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); AMA Guides, 5th Edition, Page 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202.

Decision rationale: The California MTUS guidelines state that 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. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have not been met. There is no current documentation of radiculopathy with accompanying signs of neural compromise. There is no current imaging evidence of a surgical lesion. The patient has been afforded a spinal orthopedic consult with recommendation for additional conservative treatment. The AME recommended continued conservative treatment and electrodiagnostic studies. There is no compelling reason to support additional consult or treatment with a spine orthopedist at this time. Therefore, this request for consult and treatment with spine orthopedist is not medically necessary.

Left L5 Hemilaminectomy and L5-S1 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); AMA Guides, 5th Edition, Page 382-383.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 203.

Decision rationale: The California MTUS guidelines recommend lumbar discectomy for patients with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. Guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. Guideline criteria have not been met. There is no detailed documentation that recent comprehensive pharmacologic and non-pharmacologic

conservative treatment had been tried and failed. There is no current documentation of a radicular pain syndrome with dermatomal pain or numbness, or myotomal weakness. There is no MRI evidence of nerve root compression documented. Therefore, this request for left L5 hemilaminectomy and L5/S1 microdiscectomy is not medically necessary.