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| Case Number: | CM14-0118612 | | |
| Date Assigned: | 08/06/2014 | Date of Injury: | 02/22/2014 |
| Decision Date: | 09/10/2014 | UR Denial Date: | 07/22/2014 |
| Priority: | Standard | Application Received: | 07/29/2014 |

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 47-year-old male bus boy/server sustained an industrial injury on 2/22/14. Injury occurred when a co-worker jumped on his back while joking around. Past medical history was positive for a motor vehicle accident 5 months prior with "2 dislocated discs" in his back. The 4/1/14 lumbar MRI impression documented a broad based disc protrusion with annular tear at L4/5. There was mild bilateral facet arthropathy, mild to moderate left and minimal right neuroforaminal narrowing and mild contact with the traversing right L5 nerve root by the facet arthropathy without evidence of nerve root compression. At L5/S1, there was a broad based disc bulge with annular tear, and mild bilateral neuroforaminal narrowing with slight contact of the exiting right L5 nerve root. There was a 2 mm retrolisthesis of L3 on L4. Records indicated that the patient was treated with anti-inflammatory and pain medications, activity modification, and 6 visits of physical therapy. He returned to modified duty. Physical therapy notes documented good response to therapy and increased pain at the end of his work shifts. The 6/12/14 orthopedic report cited cervical, mid back, and low back pain extending to the legs, and also into the testicles. Physical exam documented antalgic gait, C4/5 to C6/7 pain and spasms, T7/8-T10/11 pain, and L2/3 to L5/S1 pain and spasms. Cervical and lumbar range of motion was moderately limited. There was positive seated straight leg raise at 80 degrees right and 85 left. Supine straight leg raise was positive at 50 degrees right and 60 left. There was 1+ weakness noted with resisted right dorsiflexion and plantar flexion. Sensation was decreased over the dorsal, medial and lateral aspect of the right foot. Deep tendon reflexes were intact. The impression documented L4/5 and L5/S1 disc protrusion with occasional lumbar radiculopathy bilaterally, mostly on the right. Authorization was requested for epidural injections as well as discectomy at L4/5 and L5/S1 by minimally invasive endoscopic technique. The 7/22/14 Utilization Review report

denied the request for lumbar surgery as the clinical documentation did not fulfill guideline requirements.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Spine Discectomy L4, L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Mild (minimally invasive lumbar decompression).

Decision rationale: The ACOEM Revised Low Back Disorder 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. The Official Disability Guidelines state that "minimally invasive lumbar decompression is not recommended." Guideline criteria have not been met. There is no detailed documentation that comprehensive pharmacologic and non-pharmacologic conservative treatment had been tried and failed. Records documented good response to initial physical therapy of 6 visits with reduction in dural tension signs. Additional therapy was prescribed but does not appear to have been performed. There is no evidence that epidural injections were completed, and what benefit may have been achieved. Imaging documented no evidence of nerve root compression at L4/5 and slight contact with the exiting right L5 nerve root. As comprehensive conservative treatment has not been completed, surgical intervention is not supported at this time. Therefore, this request for lumbar spine discectomy at L4/5 and L5/S1 is not medically necessary.