

Case Number:	CM14-0175782		
Date Assigned:	10/28/2014	Date of Injury:	08/06/2014
Decision Date:	12/05/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic Surgery and is licensed to practice in Indiana. 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 41-year-old female nurse with lower back pain and radicular left-sided leg pain and numbness after a work-related injury sustained on 8/6/14 when she was turning a patient and felt something pull in her right lower back with pain and numbness in the left leg. Initial symptoms included low back pain with left leg pain. On initial evaluation on 8/14/14, the worker exhibited a normal gait but with weakness of the lower extremities, difficulty with heel-toe ambulation, a positive straight-leg raise test on the left at 45 degrees, and abnormal deep tendon reflexes. At this visit, the worker was treated with a Medrol Pak, Naprosyn, and Flexeril. The worker was then treated by a chiropractor and was noted to have a positive straight leg raising test with a normal motor and sensory examination of the lower extremities, paravertebral tenderness, and limited ROM (range of motion) of the lumbar spine with an abnormal posture. Treatments included therapeutic exercises. An orthopedic spine specialist then evaluated the injured worker. The worker stated that her back and leg pain had improved with some paresthesias in the leg and pain worse with sitting and standing and improved with rest. On physical examination on 9/4/14, the worker exhibited a positive straight-leg raising test on the left at 75 degrees with normal strength throughout in the lower extremities with the exception of eversion on the left leg being 5-/5. Sensation was intact in the lower extremities. There is no documentation of a reflex examination of the lower extremities. An MRI of the lumbar spine performed on 8/11/14 revealed a left lateral extruded disc herniation at the L5-S1 disc space with a sequestered fragment extending inferior to the disc level. There was significant compromise of the left S1 nerve root within the lateral recess secondarily with no foraminal stenosis. The treating physician has requested approval for a Left-sided L5-S1 Microdiscectomy. The request was dated 9/18/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Sided L5-S1 Microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Discectomy/Laminectomy, ODG, Indications for Surgery

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 - 307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Lumbar and Thoracic (Acute and Chronic), Discectomy/Laminectomy

Decision rationale: According to the CA MTUS Chronic Pain Medical Treatment Guidelines, surgery is indicated within the first three months after onset of acute low back symptoms, surgery is considered only when serious spinal pathology or nerve root dysfunction not responsive to conservative therapy (and obviously due to a herniated disk) is detected. Disk herniation, characterized by protrusion of the central nucleus pulposus through a defect in the outer annulus fibrosis, may impinge on a nerve root, causing irritation, back and leg symptoms, and nerve root dysfunction. The presence of a herniated disk on an imaging study, however, does not necessarily imply nerve root dysfunction. The ODG Guidelines of the lower back discuss the indications for laminectomy/discectomy. In this worker's case, although she has been treated with chiropractic treatments, a comprehensive conservative treatment program has not been instituted and the worker's leg symptoms have improved with the only documented neurologic deficit being 5-/5 eversion strength of the left lower extremity. Therefore, the CA MTUS and ODG guidelines for lumbar laminectomy/discectomy have not been met and the requested Left-sided L5-S1 Microdiscectomy is not medically necessary.