

Case Number:	CM14-0030643		
Date Assigned:	06/20/2014	Date of Injury:	08/09/2013
Decision Date:	07/17/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 injured worker is a 32-year-old male who reported an injury on 08/09/2013. The mechanism of injury was the injured worker was moving a heavy piece of steel. Prior treatments included physical therapy. The injured worker had an x-ray of the lumbar spine 2 to 3 views on 08/11/2013 which revealed mild narrowing of the L5-S1 disc space. The documentation of 01/13/2014 revealed the injured worker had decreased range of motion. The injured worker had a straight leg raise that was positive on the left side for left pain with the leg raised to 45 degrees from the supine position. The injured worker had left anterior tibialis and left gastrocnemius strength of 4+/5. The injured worker had normal sensation and reflexes were 1/4 in the gastrocnemius tendon. The straight leg raise was negative on the right side. It was indicated the injured worker had an MRI on 09/10/2013 which revealed an L5-S1 disc extrusion with clear abutment of the left S1 nerve root. The treatment plan included awaiting the L5-S1 microdiscectomy. There was a request for deep tissue massage and acupuncture. The documentation of 12/18/2013 revealed the injured worker reported 70% of his pain was left-sided low back and the rest of the pain was down the left leg into the calf area with numbness and tingling in the left calf. The physical examination revealed decreased range of motion and a positive straight leg raise on the left side for left leg pain with left leg raise to 45 degrees from the supine position. The injured worker's motor examination was 5/5 strength. The reflexes were 1/4 in the left gastrocnemius tendon. The diagnoses included chronic intractable left leg pain; posterior buttock and thigh pain, industrial aggravated secondary to injury. The MRI of 09/10/2013 revealed L5-S1 disc extrusion with clear abutment of the left S1 nerve root most likely the cause of leg pain, no signs or symptoms of spinal cord compression or cauda equina syndrome, left gastrocnemius weakness 4+/5 strength most likely secondary to L5-S1 disc extrusions and rule out instability. The treatment plan included an L5-S1 microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy, left L5-S1, outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-306.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 305-306.

Decision rationale: The ACOEM Guidelines indicate that surgical consultation may be appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than 1 months, 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-term and long-term from surgical repair; as well as failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination and had conservative treatment. The injured worker underwent an X-ray which revealed mild narrowing of the L5-S1 disc space. The clinical documentation indicated the injured worker had undergone an MRI. However, the MRI was not provided for review. There was a lack of documentation of electrophysiologic evidence of a lesion that had been shown to benefit in both the short-term and long-term from surgical repair. Given the above, the request for microdiscectomy at left L5-S1 outpatient is not medically necessary.

Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Surgeons.

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

Decision rationale: The ACOEM Guidelines indicate that surgical consultation may be appropriate for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than 1 months, 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-term and long-term from surgical repair; as well as failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had objective findings upon examination and had conservative treatment. The injured worker underwent an X-ray which revealed mild narrowing of the L5-S1 disc space. The clinical documentation indicated the injured worker had undergone an MRI. However, the MRI was not

provided for review. There was a lack of documentation of electrophysiologic evidence of a lesion that had been shown to benefit in both the short-term and long-term from surgical repair. Given the above, the request for microdiscectomy at left L5-S1 outpatient is not medically necessary.

Pre-operative clearance (labs, chest x-ray, EKG): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.

Low back brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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

Decision rationale: As the requested surgical intervention is not supported by the documentation, the requested ancillary service is also not supported.