

Case Number:	CM14-0064340		
Date Assigned:	07/11/2014	Date of Injury:	05/21/2011
Decision Date:	08/08/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/07/2014

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:

This 53-year-old male sustained an industrial injury on 5/21/11. The mechanism of injury was not documented. Conservative treatment to date included physical therapy, home exercise, activity modification, epidural steroid injections, and non-steroidal anti-inflammatory drugs. The 10/18/13 L5/S1 discogram demonstrated 10/10 pain with production of left leg pain at 100 PSI. Pain reduced to 4/10 following injection of Lidocaine. The 12/11/13 lumbar MRI impression documented a slight increase in the size of the central disc protrusion at L4/5 with mild bilateral facet hypertrophy. There was no significant central canal stenosis at L4/5, there was mild bilateral neuroforaminal narrowing. At L5/S1, there was a stable 3 mm central disc protrusion demonstrating a focal annular fissure. There was mild bilateral facet hypertrophy and mild bilateral neuroforaminal narrowing, greater on the right. There was no evidence of significant central canal stenosis or nerve root compression throughout the lumbar spine. The 3/21/14 orthopedic report cited 7/10 low back pain with left lower extremity symptoms. The patient had difficulty rising from a seated position. Lumbar range of motion was moderately limited in all planes with positive straight leg raise on the left. The diagnosis was neural encroachment left L4/5 and L5/S1 with radiculopathy, refractory. Reconsideration of the request for left L4/5 and L5/S1 decompression was requested. The 3/27/14 spine surgeon report cited primarily low back pain and a lesser degree of leg pain. Pain was rated 8/10. Review of the MRI showed that L5/S1 was clearly the most significant problem level, with severe degenerative changes at the adjacent L4/5 level. The discogram showed severe concordant pain at the L5/S1 level. A 2-level fusion procedure was recommended. The 4/23/14 utilization review denied the request for lumbar surgery as there were inconsistencies in the record regard whether the prime problem was back or leg pain, there were relatively mild MRI findings, and that the doctors were relying on a discogram that was performed without controls and over the recommended pressure. The 5/24/14

orthopedic report cited significant left lumbar radicular pain. Exam findings documented left lower lumbar tenderness, mild loss in lumbar flexion, moderate loss in extension, and positive left straight leg raise. Lower extremity joint range of motion was full and painfree. Lower extremity neurologic exam demonstrated normal strength, sensation, and reflexes. The diagnosis was left lumbar radiculopathy secondary to L4/5 and L5/S1 disc protrusion. The patient was deemed permanent and stationary as he was uncertain if he wanted to undergo a fusion or decompression surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Decompression surgery left L4-L5 and L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-203.

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. 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 documentation of a current dermatomal pain or numbness pattern, or myotomal weakness consistent with imaging. The current neurologic examination is normal. The MRI report indicated that there was no evidence of nerve root compression at any level. Discography has been found to be of limited diagnostic value. Therefore, this request for lumbar decompression surgery left L4-L5 and L5-S1 is not medically necessary.