

Case Number:	CM13-0001189		
Date Assigned:	05/02/2014	Date of Injury:	03/17/2012
Decision Date:	03/10/2015	UR Denial Date:	07/03/2013
Priority:	Standard	Application Received:	07/11/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Minnesota, Florida
 Certification(s)/Specialty: Orthopedic Surgery

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 44 year old male sustained work related industrial injuries on March 17, 2012. The mechanism of injury was not described. The injured worker subsequently complained of low back pain with radiation to the right lower extremity with numbness in right foot. Prior treatment consisted of diagnostic studies, prescribed medications, epidural steroid injection, physical therapy, consultations and periodic follow up visits. Electromyography/Nerve Conduction Studies of lower extremities performed on June 10, 2013 revealed mild right L5 radiculopathy. Per attending provider note dated September 26, 2013, the injured worker complained of low back pain, unchanged since last visit with associated tingling in the right foot. The injured worker reported that the epidural injection performed on September 11, 2013 reduced the pain 50%. Physical exam revealed pain with lumbar extension and hypoesthesia in the right foot and right S1 dermatome. According to the primary treating provider report dated October 07, 2013, the injured worker returned for a follow up visit. Documentation noted that the injured worker completed physical therapy and completed one epidural steroid injection with no relief. Objective findings revealed tenderness in lumbar paraspinal muscles with no guarding. There were no spasms with negative straight leg raises. The injured worker's motor strength was 5/5. Deep tendon reflex was symmetrical at patellar and achilles. Range of motion for flexion was 70 degrees, extension 10 degrees, right and left bending was 20 degrees. The injured worker was diagnosed with lumbar spinal stenosis with disk disease with neural foraminal narrowing with L5 mild right radiculopathy. Per operative report dated January 21, 2014, the injured worker underwent a lumbar laminotomy and discectomy L5-S1 on the right and L4-5 on the left, the

injured worker tolerated the procedure without any noted complications. The most recent primary treating provider report dated March 10, 2014, revealed that the injured worker still had some numbness and tingling in the hips and toes on the right and occasional tingling in the right leg status post lumbar spine surgery on January 21, 2014. The treating physician prescribed services for lumbar laminectomy/discectomy surgery at L4-5 on the left and L5-S1 on the right now under review. On July 3, 2013, the Utilization Review (UR) evaluated the prescription for lumbar laminectomy/discectomy surgery at L4-5 on the left and L5-S1 on the right requested on July 2, 2013. Upon review of the clinical information, UR non-certified the request for lumbar laminectomy/discectomy surgery at L4-5 on the left and L5-S1 on the right, noting the failure to exhaust all conservative measures prior to considering surgical procedure, and the recommendations of the MTUS and the Official Disability Guidelines. This UR decision was subsequently appealed to the Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

LUMBAR LAMINECTOMY/DISCECTOMY AT L4-5 ON THE LEFT AND L5-S1 ON THE RIGHT: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: This is a review of the medical necessity of the lumbar laminectomy and discectomy at L4-5 on the left and L5-S1 on the right in July 2013. The procedure was noncertified by utilization review on July 3, 2013. The injured worker subsequently underwent surgery in January 2014. The review of the medical records indicates that he underwent an MRI scan of the lumbar spine on April 15, 2013 which revealed multiple level degenerative changes in the lumbar spine from L3-4 to L5-S1 level, most severe at the L5-S1 interspace level. The L4-5 interspace revealed mild posterior broad-based disc bulging and mild effacement of the anterior spinal canal. There was no significant neural foraminal stenosis and the facet joints appeared unremarkable. Electrodiagnostic studies performed on June 10, 2013 demonstrated abnormal electromyography with mild right L5 radiculopathy. The reviewing physician opined that in the absence of red flags the injured worker should complete a course of conservative treatment prior to proceeding to more invasive procedures. Additionally the medical records did not establish a trial of epidural injections. The recommended conservative treatment included activity modification, chiropractic sessions, epidural injections, and a short course of physical therapy with discharge to a home exercise program. Furthermore, in the opinion of the reviewer the MRI did not establish a significant stenosis at the level of L4-5 to support the requested surgery. Therefore the request for lumbar laminectomy/discectomy at L4-5 on the left and L5-S1 on the right was noncertified on 7/3/2013. The injured worker failed the trial of epidural steroid injections which seemed to relieve his back pain to some degree but did not affect the radicular pain. A subsequent utilization review of 1/7/2014 certified the two-level lumbar discectomy at L4-5 and L5-S1. Documentation indicates that he had surgery on 1/21/2014.

California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. In addition, activity limitations due to radiating leg pain for more than one month or extreme progression of the lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. The electrophysiologic study revealed a mild right L5 radiculopathy. The MRI findings as described above did not show evidence of nerve root compression at L4-5 on the left. In light of the above, and in the absence of a trial of epidural steroid injections at that time, the conservative treatment had not been exhausted. The guidelines also indicate that many patients with strong clinical findings of nerve root dysfunction due to disc herniation recover activity tolerance within one month, there is no evidence that delaying surgery worsens outcomes in the absence of progressive nerve root compromise. With or without surgery more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short to mid-term recovery surgical morbidity and complications must be considered. Based upon these guidelines, the medical necessity of the request for laminectomy and discectomy at L4-5 on the left and L5-S1 on the right in July 2013 was not substantiated.