

<b>Case Number:</b>	CM14-0199982		
<b>Date Assigned:</b>	12/10/2014	<b>Date of Injury:</b>	06/05/2013
<b>Decision Date:</b>	03/06/2015	<b>UR Denial Date:</b>	11/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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 40 year old male sustained a work related injury on 06/05/2013. The injury occurred when he fell from a ladder at work. An electrodiagnostic report dated 02/14/2014 was submitted for review. Electrodiagnostic testing of his lower back and extremities revealed all nerve conduction studies (as indicated in the tables) were within normal limits. All F wave latencies were within normal limits. All examined muscles (as indicated in the table) showed no evidence of electrical instability. The bilateral lower extremity and lumbosacral electrodiagnostic studies were normal. There was no evidence of an acute or chronic lumbosacral radiculopathy or other neuropathic process. Physical therapy notes submitted for review included 3 sessions dated from 04/15/2014 to 04/29/2014. According to a progress report dated 10/07/2014, the injured worker was being seen for chronic severe low back pain with right lower extremity numbness, tingling and weakness. Pain was described as constant, sharp and shooting. On a good day pain was rated a 6-7 on a scale of 0-10 and a 9-10 on a bad day. Factors that aggravated symptoms included rest, lying down, sitting, standing and walking. Alleviating factors included heat, cold, lying down and medication. Treatments have included narcotic pain medication and physical therapy. According to the provider, an MRI showed a significant extruded L4-L5 disc that impinged on the thecal sac and nerve root with an annular tear at L5-S1. The MRI report dated 12/16/2013 was submitted for review. Past medical history included stroke, hypertension, gastritis, stomach ulcers, depression and anxiety. Risk factors included that the injured worker was a former smoker. Current medications included acetaminophen-codeine #3, Depakote and Anaprox DS. Objective findings included tenderness to palpation of the paraspinals and over right buttock as

well as over right SI joint. Sitting straight leg raise was positive on the right. Toe walking and heel walking on the right was abnormal. There was an antalgic dragging of the right foot. Strength was significantly decreased in the right lower extremity with dorsiflexion. Sensation was decreased in the right L4-L5, L5-S1 nerve root distribution. Reflex exam noted left knee and ankle 2+, right knee and ankle 0-1+. Problems seen included thoracic or lumbosacral neuritis or radiculitis unspecified, lumbago and degeneration of lumbar or lumbosacral intervertebral disc. The injured worker was encouraged to continue home exercise program including moist heat, stretches, strengthening and regular aerobic activities as tolerated and permitted by the primary care physician. Orders were written for a L4-5 lumbar epidural steroid injection under fluoroscopic guidance. Plan of care included authorization for L4-5 lumbar epidural steroid injection, urgently, to see if that will relieve pain. He was also having significant issues with his bowel and bladder. According to the provider, the injured worker needed an urgent consultation with a reliable neurosurgeon to see if he was a surgical candidate. Also an EMG study (Electromyography) was required of his bilateral lower extremities to delineate baseline function. According to the initial orthopedic consultation dated 10/30/2014, the provider noted that the most appropriate treatment for the injured worker was to undergo surgical intervention to include right L4-5 microdiscectomy. On 11/15/2014, Utilization Review modified right L4-L5 microdiscectomy with one night inpatient stay to an outpatient length of stay. The request was received on 11/07/2014. According to the Utilization Review physician, the guidelines recommend that this surgery be done as an outpatient level of care. Therefore, barring any significant co-morbidities, the request was modified. Guidelines referenced for this review included CA MTUS 2009, Low Back Complaints, American College of Occupational and Environmental Medicine, Occupational Medical Practice Guidelines, Second Edition (2004), Chapter 12 pages 305-308, Surgical Considerations, Official Disability Guidelines Edition (web), 2014 Low Back chapter. The decision was appealed for an Independent Medical Review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right L4-L5 microdiscectomy with 1 night inpatient stay:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 395, 306. Decision based on Non-MTUS Citation Section: Low Back, Topic: Hospital length of stay.

**Decision rationale:** The injured worker is a 57-year-old male who fell off a ladder on 6/5/13 injuring his lower back. The low back pain radiates down the right lower extremity and is associated with numbness/paresthesias. Nonoperative treatment has not been effective. An MRI scan of 12/16/2013 revealed L4-5 degenerative disc disease with 3 mm retrolisthesis in 5-6 mm central/right paracentral herniated disc migrating inferiorly over the right paracentral body of L5 for a distance of 7 mm. A right lateral disc/osteophyte spurring causes narrowing of the neural foramen with facet arthropathy and disc extrusion impinging upon and compressing the thecal sac and contributing to central canal stenosis with mild to moderate left and moderate right

foraminal stenosis. A request for right L4-5 microdiscectomy with 1 night inpatient stay was modified by utilization review to outpatient surgery. However, the surgical procedure was approved on 11/13/2014. This was appealed to an independent medical review on 11/26/2014. California MTUS guidelines indicate surgical considerations when there is 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. The herniation at L4-5 on the right is the obvious pain source and the requested surgical procedure is appropriate and medically necessary. ODG guidelines indicate the hospital length of stay for a discectomy as follows: Median: 1 day, mean: 2.1 days best practice target: outpatient. The requested 1 day hospitalization is consistent with guidelines and is appropriate and medically necessary. Based upon the above, the medical necessity of the request as stated is substantiated.