

Case Number:	CM14-0217973		
Date Assigned:	01/07/2015	Date of Injury:	03/21/2014
Decision Date:	05/01/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	12/30/2014

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: Illinois, California, Texas
 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:

The injured worker is a 22-year-old female who sustained an industrial injury on 3/21/14. Injury occurred when she was pulling a block under a shelf and the box snapped and jerked. She reported onset of back and right leg pain. Records documented a good initial response to conservative treatment consisting of chiropractic, activity modification and medications with return to work. The 6/26/14 progress report cited an increase in pain with return to work as a sales associate yesterday. She was extremely upset, tearful and very stressed due to no income. Physical exam documented slight tenderness to palpation, loss of range of motion, and motor 5/5. The treatment plan recommended lumbar spine MRI, Medrol, Ultram, and temporary total disability. The 7/8/14 lumbar spine MRI impression documented an annular tear with a 5 mm posterior right paracentral disc protrusion at L5/S1 with resultant compression of the right S1 nerve within the spinal canal. She underwent right L5/S1 epidural steroid injection on 8/25/14 with a reported 2-week increase in pain. The 11/26/14 orthopedic report cited worsening low back pain radiating into the right buttocks and leg. She reported numbness, tingling, and weakness in her back and right leg. Conservative treatment had included chiropractic, which helped her pain, and epidural steroid injection, and physical therapy, which aggravated her pain. She was scheduled for psychological clearance on 1/29/15. She had started a new job, which required her to stand and sit frequently which aggravated her symptoms. She was continuing to modify activities at work. Physical exam documented active pain free range of motion, slight antalgic gait, and ability to heel/toe walk normally. Seated straight leg raise reproduced leg pain below the knee less than 90. There was right L5 paresthesia, right S1 radicular pain distribution,

and right dorsiflexion, plantar flexion, and extensor hallucis longus weakness. The treatment plan was right L5/S1 microdiscectomy. The 12/18/14 utilization review non-certified the request for right L5/S1 microdiscectomy and associate surgical items based on an absence of documented comprehensive conservative treatment failure and pending completion of a scheduled psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5/S1 Microdiscectomy with Assistant Surgeon and Intra-operative Neuromonitoring: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Comp-Low Back Chapter.

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 i;½ Lumbar & Thoracic: Discectomy/Laminectomy; Intraoperative neurophysiologic monitoring (during surgery) and Other Medical Treatment Guidelines Centers for Medicare and Medicaid services; Physician Fee Schedule: Assistant Surgeons <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend psychological screening to improve surgical outcomes. The Official Disability Guidelines (ODG) recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guidelines require all of the following conservative treatments: activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). MTUS guidelines are silent regarding intraoperative neurophysiologic monitoring (IONM) and assistant surgeons. The ODG recommend IONM during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring, and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. The Center for Medicare and Medicaid Services (CMS) provide direction relative to the typical medical necessity of assistant surgeons, and would support the use of an assistant surgeon for this procedure. This patient presents with low back pain and right lower extremity radicular symptoms including L5 paresthesia and S1 radicular pain. Clinical exam findings are consistent with imaging evidence of an L5/S1 disc protrusion compressing the right S1 nerve within the spinal canal. Detailed evidence of a recent, reasonable and/or comprehensive non-operative

treatment protocol trial and failure has been submitted. However, the treating physician has requested pre-surgical psychological clearance for this patient and this has not been completed. Given the pending psychological clearance, guideline criteria have not been fully met. Therefore, this request is not medically necessary.