

Case Number:	CM15-0004166		
Date Assigned:	01/15/2015	Date of Injury:	05/03/2000
Decision Date:	03/23/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/08/2015

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:

The injured worker is a 52 year old male, who sustained an industrial injury on 5/3/2000. He was status post lumbar Intradiscal Electrothermal therapy in 2001. The diagnoses have included right shoulder status post repair, status post Intra-Discal Electrothermal Therapy (IDET) procedure L5-S1, and lumbar degenerative disc disease with disc narrowing. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs) and narcotic. Currently, the IW complains of moderate to severe right shoulder pain, radiating to fingers associated with numbness and tingling, and mild low back pain that becomes severe with bending or sitting for prolonged periods. Electromyography and nerve conduction studies completed 12/20/13 were significant for bilateral chronic active L5-S1 radiculopathy. MRI of the lumbar spine performed on December 5, 2013 revealed a 5% decrease in the height of the disc at L4-5 with partial dehydration of the disc. There was 5-6 mm central posterior disc extrusion. There was severe acquired central stenosis contributed to by hypertrophy of the posterior elements. The canal was reduced in AP diameter. There was compromise on the traversing nerve roots bilaterally. There was also encroachment on the foramina with compromise on exiting nerve roots, right greater than left. There were arthritic changes in the facet joints bilaterally. There was a 3-4 mm anterior disc protrusion. At L5-S1 there was a 10% decrease in the height of the disc. Signal intensity was maintained. There was a 3 mm posterior disc bulge with encroachment on the foramina with compromise on exiting nerve roots bilaterally. There was no encroachment on the epidural fat. There was no compromise on traversing nerve roots. Facet joints were satisfactory. On 12/30/2014 Utilization Review non-certified a lumbar decompression at L4-5

and L5-S, noting the documentation did not support failure of conservative treatment. The MTUS and ODG Guidelines were cited. On 1/8/2015, the injured worker submitted an application for IMR for review of lumbar decompression L4-5 and L5-S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression L4-S1 and L5-S1: 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 Guideline: Low Back Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306. Decision based on Non-MTUS Citation Section: Low Back, Topic: Laminectomy, discectomy

Decision rationale: 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, activity limitations due to radiating leg pain for more than one month 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 and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. The direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. ODG guidelines for discectomy/laminectomy require the following: symptoms/findings which confirm the presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with the symptoms and imaging. For L5 nerve root compression, severe unilateral/toes/dorsiflexor weakness/mild atrophy, mild to moderate foot/toes/dorsiflexor weakness, and unilateral hip/lateral thigh/knee pain. For S1 nerve root compression severe unilateral foot/toes/plantar flexors/hamstring weakness/atrophy, moderate unilateral foot/toe/plantar flexors/hamstring weakness, and unilateral buttock/posterior thigh/calf pain. Imaging studies should show nerve root compression, lateral disc rupture and lateral recess stenosis. Conservative treatment should be carried out including all of the following: Activity modification after patient education greater than 2 months, drug therapy including NSAIDs, other analgesics, muscle relaxants, or epidural steroid injections. Physical therapy, manual therapy, psychological screening or back school. The most recent handwritten examination notes of December 18, 2014 are reviewed. The injured worker reported moderate to severe right shoulder pain, pain in right elbow, numbness and tingling in the right thumb and index finger, and mild low back pain. He was taking muscle relaxants, hydrocodone, and naproxen with Prilosec prescribed by his family physician. His diagnosis was probable carpal tunnel syndrome. EMG and nerve conduction studies of the upper extremities were requested. Surgery consisting of a right carpal tunnel release was also requested. The notes indicate that he needed lumbar decompression at L4-5 and L5-S1. A subsequent typewritten comprehensive orthopedic reevaluation of that day indicates that the worker was having numbness and tingling of his thumb and index finger of the right hand. He also had moderate to severe right shoulder

pain and right elbow pain which was slight. He also had low back pain which was mild if he was careful but if he has to bend or sit for prolonged period of time it becomes relatively severe. No radicular pain or paresthesias in the lower extremities are documented. On examination there was no sensory or motor deficit. Deep tendon reflexes including the knee jerks and Achilles reflexes were 2+ bilaterally. He was able to walk on tiptoes and also walk on heels. And there was no motor weakness. The provider reviewed the MRI results from his prior MRI scan of 12/5/2013 and commented that it did show disc herniation of 6 mm at L4-5 and 3 mm at L5-S1. There was nerve root impingement bilaterally. The notes document a prior IDET procedure at L5-S1. The notes also state that decompression surgery had been recommended in March 2014 but for some reason the patient did not return and the request was not reviewed until now. A nerve conduction study for the right carpal tunnel syndrome was requested. Based upon the absence of any radiculopathy on examination, absence of radicular pain or paresthesias, and no clear clinical, electrophysiologic, and MRI corroboration of lesion that is known to benefit in both the short and long-term from surgical decompression, the requested surgery is not medically necessary. The iw complained of mild low back pain and did not have the guideline requirement of severe lower extremity symptoms. No recent conservative care was documented. As such, the request for L4-5 and L5-S1 decompression is not supported and the medical necessity of the request is not established.