

Case Number:	CM15-0103351		
Date Assigned:	06/05/2015	Date of Injury:	10/08/2012
Decision Date:	07/09/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/29/2015

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: 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:

This injured worker is a 37-year-old male who sustained an industrial injury on 10/8/12. Injury occurred when he was attempting to prevent an inmate from falling to the ground. The 8/29/14 initial neurosurgical report cited grade 7-8/10 back pain radiating into the right leg and worse with sitting, walking and prolonged standing. Physical exam documented 4+/5 right hip flexion and knee extension weakness, diminished sensation over the right anterior thigh and shin, absent right knee reflex, normal gait, and moderate discomfort to palpation. The lumbar MRI of 2/6/13 was significant for a circumferential disc bulge at L3/4 and central disc extrusion causing moderate central stenosis and significant lateral recess and foraminal stenosis. The treatment plan recommended right sided L3/4 root and facet block for diagnostic and therapeutic purposes and an updated MRI. The 11/14/14 lumbar spine MRI impression documented posterior annular tear at L3/4 with posterior central protrusion/extrusion resulting in mild to moderate central canal stenosis with an AP canal diameter of 7.6 mm and moderate right subforaminal and mild bilateral neuroforaminal encroachment. There were mild discogenic changes at L5/S1 characterized by annular bulge which failed to produce central canal stenosis, although mild right subforaminal and mild to moderate bilateral neuroforaminal encroachment were suggested. He underwent right L3/4 and L4/5 transforaminal epidural steroid injections on 1/19/15 with reported 75% improvement, followed by gradual return of pain. The 4/20/15 neurosurgical report indicated the injured worker was last seen on 8/29/14. He reported back and right buttocks, thigh and calf pain with his right leg occasionally giving out. He was taking Norco and Neurontin. He underwent two lumbar injections without any relief. Physical exam documented moderate mid-

lumbar discomfort on palpation. There was positive straight leg raise on the right at 45 degrees, diminished sensation right anterior shin and bottom of the right foot, absent right ankle reflex, and 4/5 right dorsiflexion and plantar flexion weakness. MRI was positive for significant disc bulge at L5/S1 and foraminal narrowing displacing the right S1 nerve root, with moderate right foraminal narrowing. The diagnosis was lumbar disc herniation with radiculopathy.

Authorization was requested for right L5/S1 discectomy with surgical assistant and one day inpatient length of stay. The 5/1/15 utilization review non-certified the right L5/S1 discectomy and associated surgical requests as there was no imaging evidence of neural compression, significant fluctuation of positive physical findings, and new focal neurologic loss apparently following the most recent lumbar MRI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 discectomy quantity requested 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 Lumbar & Thoracic: Discectomy/Laminectomy.

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 that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines 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. Guideline criteria have been met. This injured worker presents with low back pain radiating to the right lower extremity. Current clinical exam findings are consistent with an L5/S1 radiculopathy. Imaging evidences nerve root compression at the L5/S1 level. A reasonable non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated service: Surgery assistant quantity requested 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Centers for Medicare and Medicaid services, Physician

Fee Schedule: Assistant Surgeons, <http://www.cms.gov/apps/physician-fee-schedule/overview.aspx>.

Decision rationale: As the surgical request is supported, this request is supported. This request is medically necessary due to procedure complexity.

Associated service: Inpatient length of stay (days) quantity requested: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back $\frac{1}{2}$ Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: As the surgical request is supported, this request is medically necessary for one overnight stay. This is to allow for monitoring of vital signs, pain control and overall mobilization (including cardiopulmonary toilet). This request is medically necessary.