

Case Number:	CM15-0136473		
Date Assigned:	07/24/2015	Date of Injury:	02/15/2014
Decision Date:	08/21/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/14/2015

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 33-year-old male who sustained an industrial injury on 2/15/14. Injury occurred when he belt over to fix a sprinkler and felt a pop in his lower lumbar spine when he stood up. Past medical history was positive for smoking. The 2/26/15 lumbar spine MRI impression documented a small left foraminal disc herniation at L4/5. The 6/9/15 treating physician report cited continued back and left leg pain. He was not working. Physical exam documented slight left leg limp, intact toe and heel walking, and moderate loss of lumbar range of motion. Neurologic exam documented no motor weakness or sensory loss, and 2+ and symmetrical deep tendon reflexes. Straight leg raise was positive on the left and negative on the right. He had mid-line tenderness from L3 to the sacrum and over the left buttock and posterior thigh. The diagnosis was chronic lumbosacral strain, small left foraminal herniation at L4/5, left hip internal derangement, and bilateral L4, L5, and S1 radiculopathy. Symptoms had been refractory to conservative treatment. The treatment plan indicated that the injured worker was a candidate for microdiscectomy on the left at L4/5. Authorization was requested for lumbar microdiscectomy for L4 and L5 nerve root decompression on the right, and associated 3 day inpatient stay. The 6/24/15 utilization review modified the request for lumbar microdiscectomy for L4 and L5 nerve root decompression on the right with 3 day inpatient stay to lumbar microdiscectomy for L4 and L5 nerve root decompression on the left with 1 day inpatient stay based on peer-to-peer discussion and agreement that the request for right sided surgery was in error. Records indicated that this injured worker underwent left L4/5 microdiscectomy on 7/6/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Micro-Discectomy L4 Nerve Root Decompression on right: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306.

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 in both 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. This injured worker presents with lower back radiating to the left lower extremity. Clinical exam findings evidence positive left straight leg raise consistent with imaging and electrodiagnostic evidence of plausible nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, the clinical records do not support the medical necessity of right sided surgery. The 6/24/15 utilization review modified this request to lumbar microdiscectomy for L4 and L5 nerve root decompression on the left following a discussion with the treating physician. The injured worker completed the left-sided surgery on 7/6/15. There is no compelling rationale to support the medical necessity of additional certification. Therefore, this request is not medically necessary.

Lumbar Micro-Discectomy L5 Nerve Root Decompression on right: Upheld

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 in both 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. This injured worker presents with lower back radiating to the left lower extremity. Clinical exam findings evidence positive left straight leg raise consistent with imaging and electrodiagnostic evidence of plausible nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, the medical necessity of right sided surgery is not supported by the clinical records. The 6/24/15 utilization review modified this request to lumbar microdiscectomy for L4 and L5 nerve root decompression on the left following a discussion with the treating physician. The injured worker completed the left-sided surgery on 7/6/15. There is no compelling rationale to support the medical necessity of additional certification. Therefore, this request is not medically necessary.

Associated Surgical Service: 3 day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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 - Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median length of stay for discectomy is 1 day and the best practice target is outpatient. The 6/24/15 utilization review modified this request to a 1-day stay consistent with guidelines. There is no compelling rationale to support the medical necessity of additional certification as an exception to guidelines. Therefore, this request is not medically necessary.