

Case Number:	CM15-0142256		
Date Assigned:	08/03/2015	Date of Injury:	11/18/2002
Decision Date:	09/01/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/23/2015

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 50-year-old male who sustained an industrial injury on 11/18/02, relative to lifting a heavy object. The 12/15/14 lumbar spine MRI impression documented an annular tear with a 6 mm right foraminal disc protrusion at L5/S1 with resultant moderate right neuroforaminal narrowing and compression of the right L5 foraminal nerve. There was a 5 mm posterior broad-based disc protrusion at L5/S1, which indented the anterior thecal sac but did not result in significant spinal stenosis. There was a disc bulge, annular tear and 5 mm posterior central disc protrusion at L3/4 with resultant mild to moderate spinal stenosis and moderate right neuroforaminal narrowing. There was an annular tear with a 4 mm posterior disc protrusion at L4/5, which indented the thecal sac but did not result in significant spinal stenosis or neuroforaminal narrowing. There was mild bilateral facet arthropathy at L4/5 and L5/S1. There was disc desiccation at L3/4 through L5/S1 with moderate disc height loss at L3/4 and mild to moderate disc height loss at L4/5 and L5/S1. The 4/10/15 neurosurgical report cited grade 7/10 back pain radiating to both lower extremities, worse on the right. The injured worker had experienced significant exacerbations of symptoms 2 months ago. He had done physical therapy in the past with limited benefit, and epidural injections with some limited benefit. Imaging showed pathology most significant at L5/S1 right of midline, but also at L3/4 and to some degree at L4/5 with disc bulge and neuroforaminal narrowing that was mild to moderate. Physical exam documented 2+ reflexes and normal gait. Treatment options were discussed. It had been several years since physical therapy and pain management and he was willing to try those again. If pain gets worse, option would be L3 to S1 laminoforaminotomy and possible discectomy. The

5/28/15 treating physician report cited severe back pain more into the left lower extremity. There was still an option for additional pain management but the injured worker felt that surgery was the option he would like to consider. Authorization was requested for L3-S1 laminoforaminotomy with possible discectomy. The 6/15/15 orthopedic report documented physical exam findings to include limping gait, straight leg raise with back pain only, and painful lumbar range of motion. Neurologic exam documented normal sensation, motor and deep tendon reflexes. The treatment plan noted that physical therapy was authorized. Medications were renewed. Authorization was pending for lumbar epidural steroid injection. The 6/24/15 utilization review non-certified the request for L3-S1 laminoforaminotomy with possible discectomy as there were no specific findings of radiating pain along the L3 through S1 distributions and no significant imaging findings outside of the L5/S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3-S1 Laminoforaminotomy, with possible discectomy: 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. Guideline criteria have been met. This injured worker represents with recent flare-up of his chronic low back pain with symptoms radiating into the lower extremities, worse on the left. Clinical exam findings did not evidence a focal neurologic deficit correlated with imaging findings of nerve root compression at the L5/S1 level or plausibly at L3/4 or L4/5. There is no electrodiagnostic study to confirm lumbar radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Physical therapy has been authorized and not initiated, and a request for epidural steroid injection was pending. Therefore, this request is not medically necessary at this time.