

Case Number:	CM15-0146039		
Date Assigned:	08/10/2015	Date of Injury:	10/16/2013
Decision Date:	09/08/2015	UR Denial Date:	07/17/2015
Priority:	Standard	Application Received:	07/27/2015

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 49-year-old male who sustained an industrial injury on 10/16/13, relative to a fall. Conservative treatment had included home exercise program, physical therapy, acupuncture, chiropractic treatment, epidural steroid injection, lumbar support, and medications. The 3/3/15 treating physician report cited grade 6/10 low back pain with no radicular pain. He had pain when standing, sitting, and walking. MRI showed mild changes at L4/5 and L5/S1. Lumbar range of motion was restricted and painful. Straight leg raise and slump tests were negative. Patrick and reverse Thomas tests were positive bilaterally. Lower extremity neurologic exam documented normal reflexes, sensation, and motor strength. There was tenderness to palpation over thoracic facet joints. The diagnosis was lumbar spondylosis and disc protrusion L4/5 and L5/S1. The neurosurgeon wanted the injured worker to have an epidural injection but he had one that didn't work. He had pain with twisting and rotating. The treatment plan recommended bilateral L3, L4, and L5 medial branch blocks. Records documented a 3/16/15 lumbar spine MRI showed a posterior disc protrusion at L4/5 and to a lesser degree at L5/S1. The 6/18/15 treating physician report cited continued grade 3-6/10 low back pain with numbness in his left buttock. There was no radiating pain. Pain worsened with sitting, standing, bending, and lifting. Physical therapy and chiropractic treatment had been completed and he was performing home exercise. He was using a lumbar support as needed, on modified work, and taking medications. Recent injection had provided pain relief for about 5 hours then increased substantially the next day. The neurosurgeon had recommended surgical intervention. Physical exam documented mild lumbar paraspinal tenderness and spasms, normal range of motion with

tenderness at end-range, and negative straight leg raise. The neurologic exam was reported non-focal. The diagnosis was lumbar contusion and strain. The treatment plan recommended cyclobenzaprine and tramadol. Authorization was requested on 7/14/15 for L4/5 discectomy; 1 day inpatient stay and an assistant surgeon. The 7/17/15 utilization review non-certified the L4/5 discectomy and associated surgical requests as there was no significant disc herniation and no documentation of abnormal neurologic exam or failure of conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-L5 discectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Low Back Disorders, 3rd ed (2011) p. 638, Vol 2.

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 not been met. This injured worker presents with low back pain with numbness in his left buttock. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Imaging has demonstrated disc protrusions at the L4/5 and L5/S1 levels with no discussion of nerve root compression. There are no objective clinical findings that evidence nerve root compression. There is no documentation of electrodiagnostic testing to support nerve root compression in the submitted records. Therefore, this request is not medically necessary.

Associated surgical service: 1 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Assistant surgeon: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.