

Case Number:	CM15-0164725		
Date Assigned:	09/02/2015	Date of Injury:	02/22/2012
Decision Date:	10/07/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	08/21/2015

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 54-year-old male who sustained an industrial injury on 2/22/12. Injury occurred while he was helping to move a drill press on a dolly. The drill pressed moved suddenly, struck him in the head, and then fell on him. Past surgical history was positive for anterior L5/S1 fusion with instrumentation on 4/19/10, and a second surgery (likely at L3/4) on 2/22/12. Conservative treatment included activity modification, medications, and left L3 epidural steroid injection. The 3/23/15 lumbar spine MRI impression documented prior L5/S1 discectomy with anterior hardware present, and grade 1 anterolisthesis L5 on S1 with bilateral L5 spondylolysis. At L3/4, there was mild to moderate spinal canal stenosis, mild narrowing of the lateral recesses without compression of the traversing nerve roots. There were chronic appearing degenerative changes causing moderate foraminal stenosis bilaterally at L3/4 and on the left at L5/S1 with potential of exiting nerve root compromise in these regions. Findings documented disc osteophyte and facet hypertrophy causing moderate foraminal stenosis bilaterally, the exiting L3 nerve roots could be mildly compressed. The 4/21/15 treating physician report cited low back pain with symptoms of left anterior thigh and sciatic leg pain. Physical exam documented a 2-inch surgical scar at the L3/4 level, left quadriceps and calf weakness and atrophy, decreased left anterior thigh sensation, and negative straight leg raise. Lumbar spine x-rays were obtained showed five lumbar vertebrae with anterior fusion and anterior plate at L5/S1 which appears to be solid, disc degeneration at L3/4, and bilateral L5 spondylolysis. There was no motion on flexion/extension. Imaging showed spinal stenosis at L3/4 and anterior fusion at L5/S1. The diagnosis included L5/S1 anterior fusion in 2010 with retained anterior plate, L3/4

stenosis, and prior second lumbar surgery, the level of which was not clear but could be L3/4. The treating physician indicated that the injured worker had left anterior thigh pain consistent with pathology at the L3/4 level. It was unclear whether he had prior surgery at that level or not. The injured worker was to bring in operative report and EMG reports. Authorization was requested for L3/L4 revision microdiscectomy. The 7/22/15 utilization review non-certified the request for revision L3/4 microdiscectomy. The rationale stated that there were significant exam findings but they did not correlate with any specific MRI imaging including a disc herniation at L3/4 or findings of nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3/L4 revision microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Microdiscectomy, Indications for Surgery-Discectomy/laminectomy.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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 presents with low back pain radiating into the left anterior thigh and sciatic leg pain. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at the L3/4 level. Evidence of a reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.