

Case Number:	CM15-0168671		
Date Assigned:	09/09/2015	Date of Injury:	06/22/2012
Decision Date:	10/09/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	08/27/2015

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 41-year-old male who sustained an industrial injury on 6/22/12, relative to a fall. Conservative treatment included activity modification, physical therapy, trigger point, medications, and epidural steroid injections. The 6/26/15 lumbar spine MRI impression documented degenerative disc disease at L4/5 with small central protrusion, slightly progressed compared to prior exam, and resulting in moderate narrowing of the bilateral lateral recesses. There was no significant disc disease, facet osteoarthritis, or stenosis at any other lumbar level. The 7/30/15 treating physician report cited low back pain radiating into his right leg and foot. The injured worker continued to work but regulated his activities due to pain with overhead reaching, bending, and lifting. Physical exam documented the injured worker sat and stood unaided in an erect posture, and coordination was within normal limits. He was able to support weight on his toes and heels. Active flexion at the hips was severely restricted. There was 3/5 left extensor hallucis longus weakness, 4/5 left ankle dorsiflexion weakness, 0/4 deep tendon reflexes in all four extremities, and decreased sensation over the dorsum of the left foot and lateral border of the right foot. There were positive left nerve tension signs. Imaging showed progressive changes at the L4/5 compared to the prior study. There was further loss of height and hydration and a large central bulge or herniation. There was trefoil narrowing of the canal at L4/5 consistent with congenital stenosis. The injured worker had signs of chronic left L5 radiculopathy and now has right-sided sciatic pain in the L5 distribution, all consistent with MRI findings. Physical therapy and epidural injections were not helpful in the last. Authorization was requested for outpatient lumbar laminectomy at L4/5 and lumbar microdiscectomy at L5. The

8/18/15 utilization review non-certified the request for outpatient lumbar laminectomy at L4/5 and lumbar microdiscectomy at L5 as there was significant discrepancy in interpretation of the MRI between the requesting neurosurgeon and the radiologist, and the clinical evaluation did not correlate with the imaging studies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy at L4-5, lumbar microdiscectomy at L5, outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

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 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 into his right leg and foot. Work restrictions were noted. Clinical exam findings are consistent with imaging evidence of plausible nerve root compromise at the L4/5 level. Detailed evidence of long-term reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.