

<b>Case Number:</b>	CM15-0207466		
<b>Date Assigned:</b>	10/26/2015	<b>Date of Injury:</b>	06/18/2015
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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 34-year-old female who sustained an industrial injury on 6/18/15. Injury occurred when she was working as a physician assistant and strained her low back attempting to sit on a rolling stool. Past surgical history was positive for partial discectomies of L4/5 in 2010 and L5/S1 in 2014, and a cervical fusion. Initial conservative treatment included physical therapy, oral steroids, medications (Percocet, Valium, and Cymbalta), and activity modification without relief. The 8/29/15 treating physician report cited worsening low back pain intermittently radiating down the left lower extremity with tingling, and occasionally more minor radicular symptoms down the right leg. Physical exam documented deep low back pain, slight to moderate paravertebral muscle tightness, restricted and painful range of motion, decreased sensation over the first two digits of the left foot extending to the adjacent root, and subtle lower extremity weakness. The treatment plan including continued medications, activity modification, additional physical therapy, and a Toradol injection. She presented to the emergency room on 8/30/15 with worsening low back pain radiating into the left lower extremity with foot drop and complete left lower extremity numbness. A lumbar MRI was obtained on 8/30/15. There was a left paracentral through subarticular disc extrusion with inferior migration measuring 9 mm with a rim enhancement. There was mass effect on the traversing left L5 nerve root. There was mild bilateral foraminal stenosis. She was admitted to the hospital for pain control with IV morphine and neurosurgical consultation. The 8/31/15 hospitalist progress report documented intractable radicular pain with foot drop. She was diagnosed with acute lumbar radiculopathy. Medication management was documented including the continued need for IV pain medication. She underwent a left L5 epidural steroid injection on 8/31/15 which did not relieve her symptoms and she underwent a left L4/5 redo discectomy on 9/2/15. Retrospective authorization was requested for an L4/5 microdiscectomy and 3-day inpatient stay from 9/1/15 to 9/3/15. The 10/9/15

utilization review non-certified the L4/5 microdiscectomy and 3 day inpatient stay from 9/1/15 to 9/3/15 as there was no discussion of conservative treatment, no documentation of response to epidural steroid injection, and no reported electrodiagnostic studies confirming radiculopathy.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Retro Microdiscectomy L4-5: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, AMA Guides.

**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 presented with intractable low back and left lower extremity pain and numbness with new onset of left foot drop. Clinical exam findings were consistent with imaging evidence of a 9 mm disc extrusion with inferior migration and nerve root compromise. There was detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Therefore, this request was medically necessary.

#### **3 days inpatient stay (DOS: 9.1.15-9.3.15): Overturned**

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

**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 hospital length of stay recommendations. 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 for prospective review. For retrospective review, the mean length of stay is recommended. For lumbar discectomy, the mean length of stay is 2.1 days. In this case, the pre-operative inpatient day was reasonable based on the need for IV pain management and neurologic monitoring in the immediate pre-surgical period. The 2-day length of stay for the discectomy procedure is consistent with guidelines. Therefore, this request was medically necessary.