

Case Number:	CM15-0208630		
Date Assigned:	10/27/2015	Date of Injury:	12/13/2008
Decision Date:	12/16/2015	UR Denial Date:	10/10/2015
Priority:	Standard	Application Received:	10/22/2015

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: Minnesota, Florida

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:

The injured worker is a 37 year old female, who sustained an industrial injury on 12-13-2008. Medical records indicate the worker is undergoing treatment for chronic pain syndrome, lumbago with sciatica, lumbar disc displacement, lumbar radiculopathy and lumbar post laminectomy syndrome. A recent progress report dated 9-21-2015, reported the injured worker complained of increased lumbar spine pain radiating to the bilateral lower extremities, rated 8 out of 10. Physical examination revealed positive straight leg raise test bilaterally, facet tenderness bilaterally, sacroiliac joint tenderness bilaterally and restricted and painful spine extension. Lumbar magnetic resonance imaging showed multilevel disc bulging and lumbar 4-5 disc herniation (3-13-2015). Treatment to date has included two lumbar surgeries at lumbar 5-sacral 1, chiropractic care, physical therapy and medication management. The physician is requesting Right lumbar 4-5 discectomy and a 2 day hospital stay. On 10-10-2015, the Utilization Review noncertified the request for Right lumbar 4-5 discectomy and a 2 day hospital stay.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right lumbar 4-5 discectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM 2013 Low Back Disorders, Clinical Measures, Surgical Considerations, Decompression Surgery Rihn JA, Hilibrand AS, Radcliff K, Kurd M, Lurie J, Blood E, Albert TJ, Weinstein JN.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

Decision rationale: The injured worker is a 37-year-old female status post laminectomies at L5-S1 on 12/17/2008 and 5/1/2009. There is a history of bipolar depression, morbid obesity, asthma, thyroid dysfunction, peptic ulcer disease and sleep apnea. The MRI scan of the lumbar spine dated March 13, 2015 revealed mild degenerative changes at L4-5 and moderate to severe degenerative endplate changes at L5-S1. There was a central disc extrusion at L4-5 with mass effect on the anterior aspect of the thecal sac. There was severe canal stenosis. There was mild bilateral foraminal narrowing. At L5-S1 there was annular bulging and posterior spondylitic ridging. There was a remote left sided laminectomy defect. There was enhancing epidural scar tissue along the left side of the thecal sac. There was mild right sided facet hypertrophy. There was no disc extrusion or central canal stenosis. There was minimal bilateral foraminal narrowing. On examination (5/4/2015) she was noted to be obese with a body weight of 263 pounds and BMI 42.44. Gait was antalgic. Straight leg raising was positive on the left at 60 and also positive on the right at 60. Sciatic notch tenderness was noted bilaterally. There was diminished sensation to touch over the left distal posterior leg and anterior leg there was slight weakness of plantarflexion on the left knee jerks were 3+ bilaterally and Achilles reflexes 2+ on the right and absent on the left. She was able to stand on toes without difficulty and also stand on heels without difficulty. A neurosurgical consultation dated 10/1/2015 revealed a body weight of 275 pounds. She had positive straight leg raising, right greater than left at about 20. There was mild weakness of extensor hallucis longus with tingling and numbness on the top of the right foot. Deep tendon reflexes were not documented. Operative intervention was suggested in the form of L4-5 discectomy from a right-sided approach with microsurgical technique. The California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair and failure of conservative treatment to resolve disabling radicular symptoms. In this case, although bilateral lower extremity radiation is documented, the distribution of pain consistent with abnormalities on imaging studies has not been documented. The Pain Consultant and the Neurosurgical consultant document different neurologic findings. There is no electrodiagnostic study confirming the presence of radiculopathy corroborating with the MRI findings that would necessitate surgical decompression. Although the MRI scan from March 2015 does show a central herniation at L4-5, nerve root compression has not been documented. The guidelines necessitate clinical, electrodiagnostic and imaging confirmation of the same lesion that is known to benefit in both the short and long-term from surgical intervention. The documentation provided does not include electrodiagnostic studies and a recent MRI scan demonstrating the need for surgery. As such, the request is not supported and the medical necessity has not been substantiated. The request is not medically necessary.

Associated surgical service: 2 day hospital stay: Upheld

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

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

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