

Case Number:	CM15-0023915		
Date Assigned:	02/13/2015	Date of Injury:	01/22/2014
Decision Date:	04/02/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/09/2015

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:

The injured worker is a 37-year-old male with a date of injury of 1/22/14. Injury occurred when he was pulling and cutting a bush out of a planter bed, and felt a sharp back pain. An L5/S1 epidural steroid injection was performed on 6/13/14 with temporary relief of symptoms. The 3/26/14 electrodiagnostic study was reported normal. The 10/17/14 lumbar spine MRI impression documented a mild broad-based disc bulge at L5/S1 slightly asymmetric to the left with mild left lateral recess narrowing. The 1/6/15 neurosurgery report cited a one-year history of low back pain radiating to the left leg. Conservative treatment over the past year included activity modification, medication management, physical therapy, chiropractic, and a lumbar epidural steroid injection without sustained benefit. Current pain was rated grade 6/10 and increased by prolonged sitting, static standing, and bending over. He reported intermittent numbness and tingling in the left leg and pain extending all the way into the left heel. MRI review noted a diffuse broad based protrusion of the disc at L5/S1, extending more to the left and appears to contact the ventral aspect of the exiting left S1 nerve root causing some attenuation of the nerve root sleeve in the left neural foramen. There was moderate bilateral facet hypertrophy with mild degeneration. On the far lateral view on the left, the nerve root appeared to be swollen in the foramen. Physical exam documented lumbar flexion 60 and extension 5 degrees and painful, with normal heel/toe walk and 5/5 strength. Straight leg raise was positive on the left. Reflexes were 1+ and symmetric at the knees and ankles. There was no clonus. Sensory exam was diminished in the left lateral thigh and foreleg. The diagnosis was left lumbar radiculopathy secondary to disc protrusion with nerve root impingement at left L5/S1. The treatment plan

recommended microlumbar disc surgery. The 1/13/15 treating physician report cited persistent grade 7/10 low back pain radiating to the left lower extremity. Any activity aggravated his pain. Physical exam documented antalgic gait, limited mobility due to pain and spasms, lumbar facet joint tenderness, and normal lower extremity strength. The diagnosis was clinically consistent lumbar radiculopathy, lower back pain and myofascial pain. The treatment plan prescribed Tramadol, and modified work. The 1/16/15 utilization review non-certified the request for outpatient lumbar microdiscectomy at L5/S1 as there was no clear clinical evidence of radiculopathy, and the formal MRI report did not document the presence of neural compromise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient Lumbar Discectomy L5-S1 Left Microscope At [REDACTED]:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 $i\frac{1}{2}$ 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 Official Disability Guidelines recommend criteria for lumbar discectomy and laminectomy 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. Guidelines require all of the following conservative treatments: activity modification for at least 2 months, drug therapy, and referral for physical medicine (physical therapy, manual therapy). Guideline criteria have been met. This patient presents with persistent function-limiting low back and left lower extremity radicular pain that has failed to improve over the past year with conservative treatment. He has been unable to return to regular work. Clinical exam evidence is consistent with reported imaging findings of left S1 nerve root compression and lateral recess stenosis. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.