MAXIMUS Federal Services

Case Number:	CM15-0211700		
Date Assigned:	10/30/2015	Date of Injury:	11/18/2011
Decision Date:	12/22/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/28/2015

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 40 year old male who sustained an industrial injury on 11-18-11. A review of the medical records indicates that the worker is undergoing treatment for "status post L3-4 and L4-5 discetomy (left in 2007) and (right in 2012) with right lower extremity sciatic signs and symptoms likely secondary to recurrent disc herniation L3-4 and 4-5." Subjective complaints (10-8-15) include right sided low back pain equal to right lower extremity pain, centered about the lateral aspect of mid to proximal calf with cramping of the right lateral hamstring, and the worker reports symptoms are not improving and significantly compromise quality of life. Objective findings (10-8-15) include a normal gait and positive straight leg raise on the right at about 40 degrees for right calf pain exacerbated by passive ankle dorsiflexion. Lumbar Nerve Conduction (3-31-15) is reported as "right L5-S1 radiculopathy." MRI (3/17/2015) was reported as: "Central and right posteriolateral disc protrusion at L3-4 level with small component extending behind the superior endplate of L4. There is flattening of the anterior and right anterior dural sac and right lateral recess. No nerve root compression. Degenerated L4-5 disc with annular tear and bulging as described above. Facet arthrosis at the L5-S1 level. No stenosis or disc herniation. Otherwise normal MRI of lumbar spine." Previous treatment includes surgery, and failed postoperative care including physical therapy and multiple lumbar epidurals. The requested treatment of re-do right L3-L4 and L4-L5 discectomy was denied on 10-21-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Redo right L3-L4 and L4-L5 discectomy: Upheld

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

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

Decision rationale: The injured worker is a 40-year-old male with a date of injury of 11/18/2011. According to the orthopedic notes dated 10/8/2015, he was complaining of right-sided low back pain with equal right lower extremity pain. The pain was centered about the lateral aspect of the mid to proximal calf with cramping of the right lateral hamstring. He did not have anterior calf pain. He stated that the symptoms were not improving and significantly compromised his quality of life. The documentation does not indicate symptoms of numbness, tingling, or weakness. On examination, he had a normal gait. Straight leg raising was positive at 40 on the right. Motor strength of the right ankle dorsiflexors was 5 out of 5. No sensory examination was documented. Deep tendon reflexes were also not documented. Flexion/extension films did not reveal any dynamic instability or spondylolisthesis. The unofficial electrodiagnostic study of March 31, 2015 was reported to show right L5/S1 radiculopathy. The provider reviewed the MRI of the lumbar spine dated March 17, 2015. The plan was redo of right L3-4 and L4-5 discectomy. The official MRI scan of the lumbar spine dated 3/17/2015 is noted. The impression was: "Central and right posteriolateral disc protrusion at L3-4 level with small component extending behind the superior endplate of L4. There is flattening of the anterior and right anterior dural sac and right lateral recess. No nerve root compression. Degenerated L4-5 disc with annular tear and bulging as described above. Facet arthrosis at the L5-S1 level. No stenosis or disc herniation. Otherwise normal MRI of lumbar spine." California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation 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 the MRI scan does not show any evidence of nerve root compression, the examination findings do not document objective evidence of radiculopathy and the electrodiagnostic studies do not corroborate the clinical and MRI findings at the requested surgical levels. As such, the requested redo right L3-4 and L4-5 discectomy is neither appropriate nor medically necessary.