

Case Number:	CM15-0212226		
Date Assigned:	11/02/2015	Date of Injury:	02/10/2014
Decision Date:	12/14/2015	UR Denial Date:	10/20/2015
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: 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 2/10/14. Injury occurred when he tried to pick up a bucket full of mail. The 3/25/14 lumbar spine MRI impression documented 2 mm retrolisthesis at L5/S1, with small left disc extrusion, mild left lateral recess stenosis near the left S1 nerve root, and mild to moderate right foraminal stenosis. The 10/8/15 orthopedic report cited on-going right lower extremity numbness, tingling, weakness, and pain limited activities. He was unable to take other anti-inflammatories due to gastritis and ulcers. He had failed physical therapy and narcotics. He underwent an epidural steroid injection, which made him worse for 3 days and then slightly better for about a week. Lumbar range of motion was markedly limited in extension and normal gait. There was right 4/5 extensor hallucis longus weakness. There was positive straight leg raise on the right. Imaging revealed L5/S1 degenerative disc disease with right greater than left lateral recess stenosis compressing the traversing S1 nerve root. There was a prior disc herniation that had decreased in size but was still in the location of the injured worker's S1 nerve root. He had right persistent S1 radiculopathy and right L5/S1 posterolateral disc protrusion and lateral recess stenosis. Authorization was requested for right L5/S1 decompression and discectomy and post-op lumbar corset. The 10/20/15 utilization review non-certified the right L5/S1 decompression and discectomy and associated post-op lumbar corset as there was no neurocompressive lesion on imaging that would produce right sciatica and support the medical necessity of this request. The 10/29/15 orthopedic report cited low back pain with increased right lower extremity numbness, tingling, or weakness and new onset of left buttock and lower extremity pain. He had persistent

right S1 radicular symptoms for more than one year despite epidural injection, pain medications, and therapy. Lumbar range of motion was markedly limited in extension and normal gait. There was right 4/5 extensor hallucis longus and peroneal muscle weakness. There was positive straight leg raise on the right. Imaging revealed L5/S1 degenerative disc disease with right greater than left lateral recess stenosis with impingement of the traversing right S1 nerve root. Authorization was again requested for right L5/S1 decompression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 Decompression and Discectomy: Overturned

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

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: 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 both lower extremities, worse on the right. There was right lower extremity numbness, tingling, and weakness. Clinical exam findings were consistent with reported imaging evidence of S1 nerve root compromise. 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.

Post-Op Lumbar Corset: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

Decision rationale: The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.