

Case Number:	CM15-0216044		
Date Assigned:	11/06/2015	Date of Injury:	03/13/2012
Decision Date:	12/28/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	11/03/2015

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 67 year old female, who sustained an industrial injury on 3-13-12. Medical records indicate that the injured worker is undergoing treatment for persistent symptomatic cervical radiculitis with a failed cervical fusion, symptomatic lumbar degenerative disc disease, lumbar radiculitis and lumbar radiculopathy. The injured worker is currently temporarily totally disabled. On (9-18-15) the injured worker reported no improvement in lumbar spine pain. Objective findings revealed tenderness to palpation over the paraspinal musculature. Lumbar range of motion was noted to be: flexion 60-60 degrees, extension 25-25 degrees and right and left lateral bend 25-25 degrees. Sensation was diminished over the left Lumbar five dermatome. Straight leg raise testing was negative. Treatment and evaluation to date has included medications, MRI of the lumbar spine (8-26-15), urine drug screen, Functional Capacity Evaluation and a home exercise program. The MRI of the lumbar spine dated 8-26-15 showed Lumbar five Sacral one disc herniation and collapse with stenosis. Current medications include Tramadol. The Request for Authorization dated 9-28-15 included requests for a Lumbar five-Sacral one microdiscectomy, three day inpatient stay and post-operative physical therapy, two times a week for eight weeks to the low back. The Utilization Review documentation dated 10-1-15 non-certified the requests for a Lumbar five-Sacral one microdiscectomy and associated services.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 microdiscectomy: Upheld

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

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

Decision rationale: Per orthopedic examination of 9/18/2015 the injured worker returned with no improvement in her symptoms. Subjective complaints were not documented. There was tenderness to palpation over the paraspinal musculature. Flexion was 60 and extension 25. Right lateral flexion was 25 and left lateral flexion was 25. No restriction of motion was documented. There was no tenderness to palpation over the spinous processes. Muscle strength was 5/5 in both lower extremities in all muscle groups. There was diminished sensation in the left L5 dermatome. Reflexes were 2+ in the patellae and Achilles. There was no clonus. Straight leg raising was negative. The lumbar MRI as reviewed by the provider showed L5-S1 disc herniation and collapse with stenosis. The provider documented lumbar radiculopathy and recommended L5-S1 microdiscectomy. A prior evaluation of 8/21/2015 documented subjective complaints of pain in the entire left lower extremity radiating from the buttocks all the way to the foot. She claimed that it started in 2011 and there had been minimal improvement with anti-inflammatories and physical therapy. Review of systems documents no numbness. The past surgical history was remarkable for anterior cervical discectomy and fusion in 2012. Physical findings were similar. The MRI scan of the lumbar spine dated August 26, 2015 revealed multiple level degenerative disc disease from L1-2 down to L5-S1 with loss of disc height at L5-S1 area there was a focal left foraminal disc herniation at L2-3, diffuse disc herniation at L3-4 with spinal canal narrowing and bilateral neural foraminal narrowing with contact on the left L3 exiting nerve root and contact on the bilateral L4 transiting nerve roots, diffuse disc herniation at L4-5 with bilateral neural foraminal narrowing with contact on bilateral L4 exiting nerve roots and bilateral L5 transiting nerve roots, and diffuse disc herniation at L5-S1 with spinal canal narrowing and bilateral neural foraminal narrowing with contact on bilateral L5 nerve roots and deviation of bilateral S1 nerve roots. Although the provider has recommended a microdiscectomy at L5-S1, the MRI scan indicates widespread degenerative changes in the entire lumbar spine with associated contact with bilateral nerve roots at multiple levels. There is no electrodiagnostic study confirming the presence of radiculopathy and the pain source. The lower extremity pain is diffuse and non-dermatomal. 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, in the presence of multiple level degenerative changes on the MRI scan, the pain source has not been identified and there are no objective neurologic findings. Epidural steroid injections have not been documented. As such, an electrodiagnostic study will be necessary to confirm the pain source prior to surgical intervention. In light of the foregoing,

the request for lumbar microdiscectomy at L5-S1 is not supported and the medical necessity of the request has not been substantiated.

Post op physical therapy, 2 times a week for 8 week; low back: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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

3 days inpatient stay: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

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