

Case Number:	CM15-0223696		
Date Assigned:	11/19/2015	Date of Injury:	04/16/2014
Decision Date:	12/31/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	11/13/2015

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 62-year-old female who sustained an industrial injury on 4/16/14. Injury occurred while emptying a heavy trash can into a large dumpster. The 7/29/14 lumbar spine MRI impression documented disc desiccation at the L3/4 and L5/S1 levels diffuse 2-3 mm disc bulge at the L4/5 level, and 3-4 mm anterior disc bulges at the L3/4 and L4/5 levels. At L4/5, there was a 3-4 mm D.C. that displaced the posterior longitudinal ligament with minimal narrowing of the spinal canal. Conservative treatment had included physical therapy, acupuncture, medications, epidural steroid injection, and activity modification without sustained improvement. Records documented on-going low back pain radiating to the left leg. Functional difficulty was documented with donning shoes, sweeping, mopping, walking, ascending and descending stairs, getting in and out of a car, reclining, rising from a chair, shopping, working outside, sleeping, and exercising. The 8/27/15 orthopedic report cited low back pain radiating to the left leg. She had a second epidural injection without much relief. Physical exam documented positive left straight leg raise. The 9/28/15 treating physician report cited worsening symptoms. Physical exam documented absent patellar reflexes, diminished left Achilles reflex, decreased left lower extremity sensation. She had a positive response to the initial epidural steroid injection with diminished response to the subsequent injection. The diagnosis was lumbar disc herniation with radiculopathy. Authorization was requested for lumbar laminectomy left L4/5. The 10/16/15 utilization review non-certified the request for left L4/5 lumbar laminectomy as there was no objective findings to indicate a need for the proposed surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar laminectomy left L4-5: Overturned

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

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 persistent and function-limiting low back pain radiating to the left lower extremity. Functional difficulty was documented in activities of daily living and precluding return to full duty work. Clinical exam findings were consistent with imaging evidence of plausible nerve root compromise at L4/5. There was documentation of a positive selective nerve root block. 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.