

Case Number:	CM15-0223870		
Date Assigned:	11/20/2015	Date of Injury:	05/06/2014
Decision Date:	12/30/2015	UR Denial Date:	10/15/2015
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 40-year-old female who sustained an industrial injury on 5/6/14. Injury occurred when she was decorating cakes and bent down to retrieve an icing bucket with a little painful pop in the lower back. An hour later while moving a table, her back locked up with low back pain radiating down the right left to the foot. The 12/24/14 initial orthopedic evaluation report cited grade 7/10 low back pain radiating down the right leg with frequent numbness and tingling in the right leg and foot. Pain was aggravated with bending, lifting or prolonged sitting. She reported frequent cracking sensations in her back. Lumbar spine exam documented 3+ spasms and guarding with limited range of motion. Straight leg raise was to 45 degrees bilaterally. Sensory and motor exam was non-specific with no focal deficits. The diagnosis included annular tear with high intensity zone right greater than left at L4/5 with facet hypertrophy and moderate spinal stenosis. The treatment plan recommended core stabilization training and a brief period of temporary total disability. A microdiscectomy was considered and a minimally invasive transforaminal lumbar interbody fusion at L4/5 would be a strong option. The 2/18/15 lumbar spine MRI impression documented a 5 mm right L4/5 paracentral, lateral recess, and proximal foraminal extrusion with annular tear, which with moderate facet and ligamentum flavum hypertrophy moderate to severely narrowed the canal, particularly on the right lateral recess impinging the right L5 nerve root. This disc bulge, extending into the right greater than left neural foramen, resulted in minimal neuroforaminal narrowing. This was progressive since the last study on 5/18/14. Records documented that the injured worker began attending physical therapy in May 2015 for core strengthening exercises. The 10/7/15 treating

physician report indicated that the injured worker was frustrated with poor progress. She wanted more physical therapy but it was not forthcoming. Physical exam documented normal transitions, motions much more brisk than previously, and motion limited to two-thirds of normal. The diagnosis included herniated nucleus pulposus with condition no longer improving. The MRI in 2015 was slightly worse than 2014. The treatment plan recommended continued Norco and gabapentin. She was off work. Authorization was requested for a lumbar microdiscectomy and associated medical clearance. The 10/15/15 utilization review non-certified the request for lumbar microdiscectomy and associated medical clearance as the MRI showed no documented significant disc herniation correlated with the side and level of the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy for lumbar spine: 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 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 not been met. This injured worker presents with persistent low back and right lower extremity pain. Functional limitations preclude return to work. Clinical exam findings do not evidence a focal neurologic deficit. There is imaging evidence of an L4/5 disc extrusion with impingement of the right L5 nerve root. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this request does not include the specific level of microdiscectomy planned to allow the medical necessity to be fully established. Therefore, this request is not medically necessary.

Associated Surgical Service: Medical Clearance: 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.