

<b>Case Number:</b>	CM15-0039556		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	05/23/2013
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	02/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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: 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:

The injured worker is a 36-year-old male who sustained an industrial injury on 5/23/13. Injury occurred during an accident while he was driving a truck, he only remembered waking up and being upside down in his truck. The 8/25/14 lumbar spine MRI impression documented congenital stenosis of thecal sac. There was a 1-2 mm posterior disc bulge at L2/3 without evidence of neuroforaminal narrowing. At L3/4, there was a 1-2 mm posterior disc bulge resulting in mild right neuroforaminal narrowing and right exiting nerve root compromise. At L4/5, there was a 2-3 mm left paracentral posterior disc protrusion resulting in severe left and moderately severe right neuroforaminal narrowing in conjunction with facet joint hypertrophy. There was moderate to severe canal stenosis in conjunction with congenital stenosis and ligamentum flavum redundancy. Bilateral exiting nerve root compromise was seen. At L5/S1, there was a 1-2 mm posterior disc bulge without evidence of neuroforaminal narrowing. The 7/3/14 treating physician report cited complaints of neck, low and left shoulder pain with arm numbness more frequently. Lumbar spine exam documented normal range of motion, paravertebral and spinous process tenderness bilaterally, slight sacroiliac joint tenderness, straight leg raise at 90 degrees bilaterally, and normal strength, sensation, and reflexes. Lumbar x-rays showed loss of normal lordosis and some narrowing at L5/S1. The medical reports provided for review from 7/22/14 through 12/19/14 documented normal lower extremity neurologic exams. The 1/23/15 treating physician report cited complaints of pain in the neck, left shoulder, and low back, and left arm numbness. Medications included Norco. Epidural steroid injection was reported as pending. Objective findings documented decreased lumbar range of

motion with pain in extension and lateral bending, and positive straight leg raise at 40 degrees. The diagnosis included L3-5 disc herniation with foraminal narrowing and radiculopathy left calf. The injured worker was capable of sedentary work. The treatment plan included surgery: L3-5 outpatient minimally invasive percutaneous discectomy. The 2/4/15 utilization review non-certified the request for L3-5 discectomy based on the absence of comprehensive conservative treatment and no current documented current lower extremity neurologic deficits.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**L3-5 Discectomy Outpatient:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back i½ Lumbar & Thoracic, Discectomy/Laminectomy Low Back Lumbar & Thoracic: Mild (minimally invasive lumbar decompression); Percutaneous discectomy (PCD).

**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 in both 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. The Official Disability Guidelines state that minimally invasive lumbar decompression and percutaneous discectomy are not recommended, since proof of its effectiveness has not been demonstrated. This injured worker presents with low back pain with limited range of motion and positive straight leg raise. There is no documentation of radicular pain complaints or clinical exam findings of focal neurologic dysfunction. There is imaging evidence of nerve root compromise at the L3/4 and L4/5 levels but this is not correlated with clinical exam findings. Additionally, there is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial for the low back and failure. Therefore, this request is not medically necessary at this time.