MAXIMUS Federal Services

Case Number:	CM15-0042396		
Date Assigned:	03/12/2015	Date of Injury:	01/10/2013
Decision Date:	05/06/2015	UR Denial Date:	02/06/2015
Priority:	Standard	Application Received:	03/06/2015

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 48-year-old male who sustained an industrial injury on 1/10/13. Injury occurred while he was bent over connecting hoses with onset of low back and left lower extremity radicular pain. The 5/16/14 lumbar spine MRI revealed loss of disc height and disc desiccation at L4/5 with hypertrophic changes at the facet joints bilaterally. There was a moderate degree of central stenosis secondary to a 6 mm broad based posterior disc protrusion/extrusion causing pressure over the anterior aspect of the thecal sac and both transiting L5 nerve roots. There was bilateral neuroforaminal encroachment, with moderate neuroforaminal narrowing. The 2/6/15 utilization review non-certified the request for posterior lumbar laminectomy with microdiscectomy L4/5 as there was no documentation of response to the epidural steroid injection of 12/23/14. The 4/8/15 injured worker appeal letter cited a 2-year history of failed conservative management. He reported current grade 8-10/10 low back pain radiating to the left ankle that was constant, severe limitation in function, and inability to work. He reported he could not sit for any amount of time, lay down for significant amounts of time, and walking caused back and tremendous ankle pain. Sleeping was limited to 3 hours at a time. He reported chiropractic treatment, medication management, activity modification, and epidural steroid injections without sustained relief. The 3/24/15 treating physician appeal cited some pain relief with the second epidural steroid injection on 12/23/14. He reported 50% pain relief for about 8 weeks, but pain had returned and he was unable to walk or exercise. Sleep was limited to 2 hours. Physical exam documented moderate loss of lumbar flexion with increased pain bending forward, 4+/5 anterior tibialis and extensor hallucis longus weakness, and diminished left L4 and

L5 dermatomal sensation. The injured worker had failed comprehensive conservative treatment including massage, electrical stimulation, chiropractic therapy, anti-inflammatory medications, pain medications, neuropathic medications, work modifications, work furlough, and two epidural steroid injections without sustained improvement. The injured worker had evolved into a surgical candidate. He had severe lower back pain radiating into the left lower extremity, and now the right lower extremity. He had sensory and motor deficits consistent with radiculopathy on exam. Surgery was requested for posterior lumbar laminectomy with microdiscectomy L4/5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior lumbar laminectomy with microdiscectomy at L4-L5 with a 23 hour observation stay: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ï¿½ 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 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 severe low back pain radiating into left lower extremity to the ankle. Clinical exam findings are consistent with imaging evidence of nerve root compression at the L4/5. 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.