

Case Number:	CM15-0045912		
Date Assigned:	03/18/2015	Date of Injury:	09/10/2014
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/11/2015

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 34-year-old male who sustained an industrial injury on 9/10/14. Injury occurred when he was helping other co-workers lift a large air conditioning unit. He felt a pulling sensation in the back and pain shooting down the leg. The 11/18/14 lumbar CT scan showed narrowing at L5/S1 with some mild endplate degenerative changes and a probable posterior disc protrusion/herniation. There was a 5-6 mm L5/S1 central and left paracentral disc herniation extending into the left neural foramen with mass effect upon the exiting left S1 nerve root. Pain diagrams documented left buttock, posterior thigh and calf pain to the ankle. The 2/10/15 treating physician report cited persistent low back pain radiating to the left leg with tingling, numbness, and weakness. Difficulty was reported in weight bearing, walking, bending, and sitting. Conservative treatment had included 2 months of physical therapy with no relief, chiropractic treatment which made the pain worse, and medications that provided limited short term relief. CT scan findings were noted. Physical exam documented significant distress and discomfort. Gait was significantly antalgic with difficulty weight bearing using a cane. There was marked loss of lumbar extension and he was unable to heel or toe walk without significant aggravating left leg pain. Straight leg raise was exquisitely positive on the left. Reflexes were 1/2+ at the knees and trace at the ankles. Sensation was diminished in the left calf. Motor power was significantly limited by pain on the left but there was no gross weakness. The diagnosis was subacute left lumbar radiculopathy, lumbar L5/S1 herniated nucleus pulposus. The treatment plan recommended lumbar discectomy at the left L5-S1. The 2/19/15 utilization review non-

certified the request for left L5/S1 lumbar discectomy as there was no specific documentation of subjective radicular findings in the requested nerve root distribution.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discectomy at left L5-S1: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC), ACOEM Occupational Medicine Practice Guidelines, Reed Group/The Medical Disability Advisor.

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 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. The patient presents with low back pain radiating down the posterior leg to the ankle. Clinical exam findings are consistent with imaging evidence of nerve root compression. 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.