

Case Number:	CM15-0052064		
Date Assigned:	03/25/2015	Date of Injury:	08/15/2014
Decision Date:	05/11/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/19/2015

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 53-year-old male who sustained an industrial injury on 8/11/14. Injury occurred while he was lifting a trash can weighing about 40 pounds, and he felt a pop in his back with onset of back and left lower extremity pain. The 8/15/14 lumbar x-rays documented mild degenerative changes at L1/2 and L3/4. The 10/2/14 lumbar spine MRI documented an L5/S1 disc bulge with mild left neuroforaminal narrowing and no definite nerve root compression seen. There were disc bulge noted at L3/4 and L4/5 that compressed the anterior thecal sac with no spinal stenosis, mild to moderate neuroforaminal narrowing and no clear nerve root compression. At L2/3, there was a minimal disc bulge with mild left neuroforaminal narrowing and no significant stenosis or nerve root compression. At L1/2, there was a disc bulge that compressed the thecal sac with no significant stenosis or nerve root compression. The injured worker underwent a lumbar epidural steroid injection at L4/5 on 11/5/14 with no relief. The 1/29/15 neurosurgical consult cited low back pain radiating down the left lower extremity buttock, thigh, and calf. The left leg occasionally gave out. Conservative treatment had included physical therapy, activity modification, lumbar injections and pain medications without sustained benefit. Physical exam documented 4/5 left dorsiflexion and plantar flexion, decreased sensation bottom of the left foot, absent left ankle reflex, no clonus or Hoffman's, and positive straight leg raise on the left. Imaging showed significant L5/S1 disc herniation with left foraminal narrowing. Authorization was requested for lumbar discectomy at L5/S1. The 2/19/15 utilization review non-certified the request for lumbar discectomy at L5/S1 as the MRI submitted for review did not show a definite nerve compression at the L5/S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar discectomy L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305.

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 $i\frac{1}{2}$ 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 function-limiting low back pain radiating to the left buttock, thigh and calf. Clinical exam findings are consistent with significant radiculopathy. Imaging demonstrated a disc bulge at L5/S1 with minimal left neuroforaminal narrowing but no definite nerve root compression. Therefore, the request for L5/S1 lumbar discectomy is medically necessary at this time.