

Case Number:	CM15-0056120		
Date Assigned:	04/01/2015	Date of Injury:	09/27/2013
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/24/2015

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 female who sustained an industrial injury on 9/27/13. Injury occurred when she turned while sorting lettuce in the fields and felt a pop in her low back. The 11/22/13 lumbar spine MRI impression documented disc desiccation with a 6 mm central and slightly left-sided disc extrusion at the L5/S1. The extruded disc encroached upon the ventral aspect of the thecal sac, as well as the descending left S1 nerve root as it extended caudally within the spinal canal. There was mild disc desiccation at L4/5 with a right sided disc protrusion that flattened the thecal sac. There is no nerve root compression. At L3/4, there was disc desiccation, anterolateral osteophytes with a 3 mm diffuse disc bulge that flattened the ventral aspect of the thecal sac and mildly narrowed the right L3 neural foramen. There was a mild right sided disc protrusion at L2/3 which flattened the ventral aspect of the thecal sac without nerve root compression. The 12/16/13 electrodiagnostic study documented evidence of sural and peroneal nerve neuropathy. Conservative treatment had included chiropractic, TENS unit, acupuncture, home exercise, physical therapy, and medications without sustained benefit, and epidural steroid injection with no benefit. The 11/12/14 treating physician report cited intense constant lower back pain radiating down the left leg which was not improving. She walked with a cane due to leg weakness. She reported pain was worse with walking, bending, twisting, and lying on her side. Pain improved with medication, ice, and using a cane to walk. Modified work was not available. Functionally, she felt 10% of normal. Physical exam documented significant left leg limp, and difficulty lying down or turning over on the exam table. There was significant loss of motion due to pain. There was pain to palpation over the left paralumbar and left

sacroiliac joint. She was able to heel/toe walk with significant difficulty. Weakness was noted in left foot dorsiflexion with extensor hallucis longus 4/5, and deep tendon reflexes symmetrical 2+. The treating physician report indicated that the patient wanted to proceed with surgical intervention. The 11/12/14 surgical consult report cited continued grade 8/10 low back pain radiating to the left leg. Physical exam documented severely antalgic gait favoring the left leg, positive left straight leg raise, and range of motion limited by pain. MRI findings documented left L5/S1 disc herniation. Authorization was requested for left L5-S1 microdiscectomy. The 3/17/15 utilization review non-certified the request for left L5/S1 microdiscectomy as there was no imaging evidence that the prior MRI disc extrusion was still present as it was possible that this abnormality resorbed. The 3/31/15 treating physician report cited constant grade 7-8/10 low back pain radiating into the left leg intermittently with significant functional limitation, not improving. Physical exam documented continued painful and restricted range of motion, inability to heel walk on left, significant difficulty with toe walk due to pain and weakness, weak left foot dorsiflexion, positive left nerve tension sign, diminished left deep tendon reflexes 1+, and 4/5 left extensor hallucis longus strength. Surgery had been recommended, and was awaiting approval.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

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 persistent intense low back pain radiating to the left lower extremity that significantly limits function and precludes return to work. Clinical exam findings are consistent with imaging evidence of nerve root compromise. 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.