

Case Number:	CM15-0057219		
Date Assigned:	04/02/2015	Date of Injury:	09/12/2012
Decision Date:	05/15/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/25/2015

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: Minnesota, Florida
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 44 year old male, who sustained an industrial injury on September 12, 2012. The injured worker reported back pain. The injured worker was diagnosed as having spinal stenosis and lumbar radiculopathy. Treatment and diagnostic studies to date have included magnetic resonance imaging (MRI) physical therapy, epidural steroid injection and medication. A progress note dated March 16, 2015 provides the injured worker complains of back and left leg pain with radiation to buttock and foot. He has numbness and tingling in the leg and foot with weakness. The plan includes diagnostic study and surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the hip with and without contrast: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Section: Hip and Pelvis, Topic: MRI.

Decision rationale: ODG indications for MRI scan of the hip joint include osseous, articular or soft tissue abnormalities, osteonecrosis, occult acute and stress fracture, acute and chronic soft tissue injuries, and tumors. The documentation indicates pain radiating down the leg associated with sensory and motor dysfunction with findings of radiculopathy. The documentation does not support pathology in the hip joint. As such, the request for MRI of the hip joint was not supported and the medical necessity of the request has not been established and is not medically necessary.

Left L4-L5 foraminotomy with decompression of nerve root: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 - 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306.

Decision rationale: The injured worker is a 44-year-old male with complaints of chronic low back and left leg pain. The left leg pain radiates to the buttock, posterior lateral thigh, lateral calf and lateral foot/heel. He has tingling/numbness in the left foot and lower leg. His left leg is weak and gives out on him. He also has intermittent pain/tingling in the right lateral calf. His leg pain began the day after an injury at work on 9/12/2012. He has not been able to work since the injury. He has not been able to exercise due to pain. He takes Norco and gabapentin and Zanaflex. He had 2 courses of physical therapy and tried 3 epidural steroid injections. He stated that only one of the 3 shots lasted for a few days. On examination straight leg raising was positive on the left. Gait was antalgic. There was evidence of radiculopathy documented. Imaging studies revealed advanced disc degeneration with foraminal narrowing of moderate degree at L4-5. At L5-S1 there was moderate collapse with mild to moderate disc collapse. The notes indicate that the left leg pain was the primary complaint although he did have pain in the low back as well. The recommendation was a left-sided direct decompression without fusion, specifically a left L4-5 and L5-S1 foraminotomy. An x-ray of the lumbar spine dated 3/16/2015 revealed 4 lumbar type vertebral bodies. Multilevel degenerative disc disease was noted, most severe at L3-4 and L4-S1. There was loss of disc height and endplate osteophytosis. Facet joint arthrosis was also most severe in the lower lumbar spine. The provider indicates that he did review the MRI scan and found corroborating pathology on the left side. The provider counted 5 lumbar-type vertebral bodies and noted the levels as L4-5 and L5-S1. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The provider has documented more leg pain than back pain, evidence of weakness and giving way of the leg and objective evidence of radiculopathy. This is corroborated by the MRI scan on the left side. The radiology report does indicate an error in that the injured worker did not undergo any surgery in the past while the radiologist opined that there were some postsurgical changes. Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. Surgical discectomy for carefully selected

patients with nerve root compression due to lumbar disc prolapse provides faster relief from acute attack than conservative management. The injured worker meets the guideline requirements for surgical decompression on the left side at L4-5 and L5-S1. As such, the medical necessity of the request has been established and is medically necessary. The utilization review denial of the surgery was not based upon medical necessity but rather based upon the inconsistencies in the medical record with regard to the radiology report.

Left L5-S1 foraminotomy with decompression of nerve root: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305 - 306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305, 306.

Decision rationale: The injured worker is a 44-year-old male with complaints of chronic low back and left leg pain. The left leg pain radiates to the buttock, posterior lateral thigh, lateral calf and lateral foot/heel. He has tingling/numbness in the left foot and lower leg. His left leg is weak and gives out on him. He also has intermittent pain/tingling in the right lateral calf. His leg pain began the day after an injury at work on 9/12/2012. He has not been able to work since the injury. He has not been able to exercise due to pain. He takes Norco and gabapentin and Zanaflex. He had 2 courses of physical therapy and tried 3 epidural steroid injections. He stated that only one of the 3 shots lasted for a few days. On examination straight leg raising was positive on the left. Gait was antalgic. There was evidence of radiculopathy. Imaging studies revealed advanced disc degeneration with foraminal narrowing of moderate degree at L4-5. At L5-S1 there was moderate collapse with mild to moderate disc collapse. The notes indicate that the left leg pain was the primary complaint although he did have pain in the low back as well. The recommendation was a left-sided direct decompression without fusion, specifically a left L4-5 and L5-S1 foraminotomy. An x-ray of the lumbar spine dated 3/16/2015 revealed 4 lumbar type vertebral bodies. Multilevel degenerative disc disease was noted, most severe at L3-4 and L4-S1. There was loss of disc height and endplate osteophytosis. Facet joint arthrosis was also most severe in the lower lumbar spine. The provider indicates that he did review the MRI scan and found corroborating pathology on the left side. The provider counted 5 lumbar-type vertebral bodies and noted the levels as L4-5 and L5-S1. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. The provider has documented more leg pain than back pain, evidence of weakness and giving way of the leg and objective evidence of radiculopathy. This is corroborated by the MRI scan on the left side. The radiology report does indicate an error and that the injured worker did not undergo any surgery in the past while the radiologist opined that there were some postsurgical changes. Direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. Surgical discectomy for carefully selected patients with nerve root compression due to lumbar disc prolapse provides faster relief from acute attack than

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