

Case Number:	CM15-0061031		
Date Assigned:	04/07/2015	Date of Injury:	04/04/2013
Decision Date:	05/12/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/31/2015

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 30-year-old male who sustained an industrial injury on 4/04/13. Injury occurred while carrying a framed wall. Conservative treatment included medications, injections, acupuncture, chiropractic, and physical therapy. The 9/27/14 lumbar CT scan impression documented mild spinal canal stenosis and moderate lateral recess narrowing at L5/S1 secondary to a 5 mm broad-based posterior disc bulge with associated osteophytic ridging. There was a 3 mm retrolisthesis of L5 on S1 secondary to degenerative disc disease. The 2/19/15 initial neurosurgical consult cited lower back pain radiating down the left lower extremity with numbness and tingling. The injured worker reported occasional giving out of the left leg. Physical exam documented 4/5 plantar flexion weakness, absent Achilles reflex, positive straight leg raise, and decreased left lateral shin and anterior foot sensation. He was not able to toe/heel walk secondary to pain and weakness. The diagnosis was lumbar disc herniation with radiculopathy. The treatment plan recommended left-sided L5/S1 microdiscectomy for his left S1 radiculopathy. The 3/4/15 utilization review non-certified the request for left L5/S1 discectomy and one day inpatient stay as the outdated imaging study did not correlate with the clinical evaluation and requested surgical procedure. The 3/27/15 neurosurgical report cited continued moderate low back pain. Physical exam documented moderate discomfort with palpation, back pain upon 20 degrees extension, and positive straight leg raise on the left. The diagnosis was lumbar disc herniation with radiculopathy. A repeat lumbar MRI was requested. Authorization was requested for left L5/S1 discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 201-204, 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), http://www.odg-twc.com/odgtwc/low_back.html.

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 & 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 patient presents with persistent function-limiting low back and left lower extremity pain, numbness, and give-way weakness. Clinical exam findings are consistent with imaging evidence of lateral recess stenosis at L5/S1. 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.

Associated surgical services: inpatient stay 1 day: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median and best practice target for a lumbar discectomy is an outpatient stay. There is no compelling rationale to support the medical necessity of admission for this 30-year-old undergoing a microdiscectomy. Therefore, this request is not medically necessary.

