

Case Number:	CM15-0080191		
Date Assigned:	05/01/2015	Date of Injury:	03/21/2014
Decision Date:	06/01/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/27/2015

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 31-year-old male who sustained an industrial injury on 3/31/04. Injury occurred while he was pulling a handcart through a door and a package slipped. Conservative treatment had included chiropractic, physical therapy, epidural injections, and activity modification. The 5/6/14 lumbar MRI impression documented degenerative disc disease at L4/5 that had progressed since the prior study of 6/25/12. The previous small central/left paracentral disc protrusion had increased in size, and there was now mild central canal stenosis at L4/5. The 2/26/15 treating physician report indicated that the injured worker was seen for follow-up for his L4/5 disc bulge and leg radiculopathy. He was off work and complaining of pain. He reported any activity increased his pain. Objective findings documented tenderness to palpation at the base of the spine, restriction range of motion in flexion, and intact reflexes. The treatment plan included EMG and spine surgeon consult. The 3/9/15 electro diagnostic report impression documented evidence of L4 radiculopathy on the left. The 3/19/15 spine surgeon report cited predominantly bilateral lower extremity radiculopathy, left greater than right, with mild back pain. There was EMG evidence of a left L4 radiculopathy, and MRI findings of L4/5 disc herniation with possible irritation of the L5 nerve root. There was a lack of adequate improvement with conservative treatment. Authorization was requested for left L4/5 microdiscectomy. The 4/10/15 utilization review non-certified the request for left L4/5 microdiscectomy as there were no current positive clinical exam neurologic findings, or positive straight leg raise, and there was no specific dermatomal radiation pattern documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Spine Microdiscectomy, L4-L5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287-328.

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 in both 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 not been fully met. This patient presents with low back and bilateral leg paresthesias, with no specific radicular pain or paresthesia patent documented. There is no clinical exam finding evidence of nerve root compromise. There is imaging evidence of an L4/5 disc protrusion with mild central canal stenosis consistent with EMG evidence of left L4 radiculopathy. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Given the absence of detailed symptoms/clinical exam findings of radiculopathy, this request is not medically necessary.