

Case Number:	CM15-0081775		
Date Assigned:	05/04/2015	Date of Injury:	08/13/2012
Decision Date:	07/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/28/2015

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 42-year-old patient who sustained an industrial injury on 8/13/12. Injury occurred while she was working as a certified nursing assistant and transferred a patient from the bath to bed. Conservative treatment included physical therapy, acupuncture, chiropractic treatment, and medications. The 2/22/13 lumbar spine MRI impression documented disc desiccation at L2/3 and L5/S1. At left, there was a 2.3 mm posterior disc bulge, which caused bilateral neuroforaminal narrowing and associated spinal canal narrowing. The 11/24/14 neurosurgical report cited constant grade 6/10 low back pain radiating to both legs with numbness and tingling in the legs and feet, and weakness in the legs. She reported frequent urination. Symptoms were aggravated by bending, stooping, squatting, kneeling, and prolonged standing, walking, and sitting. Significant functional difficulty was reported in activities of daily living. Associated symptoms included difficulty sleeping, depression, stress, difficulty going to the bathroom, and incontinence. Lumbar spine exam documented altered gait with left leg limp, positive left straight leg raise, weakness of the left extensor digitorum brevis and gastrocnemius muscle, diminished left Achilles reflex, and decreased sensation over the left posterolateral thigh and calf. The diagnosis was left L5/S1 intervertebral disc herniation with left S1 radiculopathy. Authorization was requested for lumbar laminectomy and discectomy at L5/S1 on the left. The 2/26/15 utilization review non-certified a request for left L5/S1 discectomy because the submitted clinical evaluation did not correlate with the imaging studies. The 3/4/15 treating physician report cited low back pain radiculopathy to both feet with numbness and tingling. She had to use a cane to walk, and had developed neck and upper back pain. Physical exam

documented spine tenderness with decreased range of motion. Straight leg raise was positive on the left. A lumbar spine MRI on 12/17/14 showed a 2.3 mm disc at L2/3 and 3.5 disc at L5/S1. The treatment plan recommended re-evaluation and authorization for lumbar surgery with the neurosurgeon for the disc herniation. She was capable of modified work but none was available. The 4/1/15 utilization review non-certified the request for lumbar spine surgery as the submitted clinical evaluation support the medical necessity of this request. The request for neurosurgical reevaluation/treatment was non-certified as the injured worker did not present with any red flag findings to support the medical necessity of follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar spine surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Indications for surgery.

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 guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have not been fully met. The injured worker presents with low back pain radiating to both feet with numbness and tingling. Current clinical exam findings do not evidence a focal neurologic deficit correlated with imaging evidence of potential nerve root compression at L5/S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Additionally, this request is not specific relative to the intended procedure and level. Therefore, this request is not medically necessary at this time.

Re-eval/treat with MD: Overturned

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

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

Decision rationale: The California MTUS guidelines state that referral for surgical consultation is indicated for patients who have met specific criteria. Referral is indicated for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. There should be activity limitations due to radiating leg pain for more than 4 to 6 weeks. Guidelines require clear clinical, imaging, and electrophysiologic

evidence of a lesion that has shown to benefit in the short and long term from surgical repair. Failure of time and an adequate trial of conservative treatment to resolve disabling radicular symptoms must be documented. Guideline criteria have been met for re-evaluation with the neurosurgeon. The injured worker presents with on-going low back pain radiating to the lower extremities with numbness and tingling despite the passage of time. Updated imaging has been obtained and reportedly showed an increase in the size of the disc herniation. Therefore, this request is medically necessary.