

Case Number:	CM15-0083213		
Date Assigned:	05/05/2015	Date of Injury:	01/04/2014
Decision Date:	06/03/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/30/2015

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 57-year-old male who sustained an industrial injury on 1/04/14. The mechanism of injury was not documented. The 8/20/14 bilateral upper extremity EMG/NCV findings were consistent with moderate bilateral carpal tunnel syndrome, with no evidence of cervical radiculopathy. The 10/28/14 initial neurosurgery report cited continued grade 8-9/10 low back pain with numbness in the right leg. Pain was reported sharp, shooting, stabbing, and burning. Functional limitations were documented in sitting, standing, bending, kneeling, crawling, and prolonged walking. Physical exam documented moderate loss of lumbar flexion and mild loss of extension and lateral flexion. Lower extremity motor function and deep tendon reflexes were within normal limits. There was decreased sensation in the right thigh in an L2 or L3 pattern. There was moderate lumbar paraspinal tenderness and tightness. The spinal surgeon reported right leg numbness consistent with disc herniation at L2/3 and recommended a right L2/3 selective nerve root block. The patient was also noted to be a candidate for facet injections or transforaminal epidural steroid injection and may require a decompressive laminectomy L2-5 with right sided foraminotomy. The 3/25/15 lumbar spine MRI impression documented mild levoscoliosis centered at the L3/4 level. At L2/3, there was a 3 mm disc bulge with mild ligamentum flavum and facet hypertrophy causing mild to moderate neuroforaminal narrowing bilaterally with indentation on the L2 nerve roots bilaterally. At L3/4, there was a 5 to 6 mm disc bulge with mild ligamentum flavum and facet hypertrophy causing mild to moderate neuroforaminal narrowing bilaterally with no significant central spinal canal stenosis. At L4/5, there was a 4 to 5 mm left paracentral disc bulge and mild ligamentum flavum and facet

hypertrophy causing moderate neuroforaminal narrowing bilaterally, greater on the left. There was mild central canal stenosis and indentation on the L4 nerve roots bilaterally. At L5/S1, there was a 5-6 mm left paracentral disc protrusion and mild bilateral neuroforaminal narrowing with no significant central canal stenosis. The 3/26/15 cervical spine x-ray impression documented marked degenerative changes at C3/4 and C6/7. Findings documented a subtle grade 1 anterolisthesis of C4 relative to C5. The 3/31/15 lumbar spine x-ray impression documented bilateral hip degenerative changes, and moderate disc space narrowing and degenerative changes at L5/S1. Findings noted mild bilateral sacroiliac joint degenerative changes. The 3/26/15 neurosurgical report was handwritten and illegible. The 4/13/15 request for authorization included a microdecompressive lumbar discectomy with Coflex at L3/4. The 4/20/15 utilization review non-certified the request for microdecompressive discectomy at L3/4 with Coflex as there was imaging evidence of multilevel diffuse degenerative changes with no localizing signs to the L3/4 disc or L4 nerve root, there was no EMG evidence, no selective nerve root block, and no indication of on-going conservative treatment. The request for cervical spine MRI was non-certified as the QME did not mention the cervical spine and EMG of the upper extremity did not evidence cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Micro decompression lumbar discectomy L3-4 with COFLEX: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

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, Interspinous decompression device (X-Stop).

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. The California MTUS guidelines do not provide recommendations relative to the Coflex device. The Official Disability Guidelines do not recommend the use of interspinous spacer devices over decompression surgery, because the failure rate is much higher. Guideline criteria have not been met. This patient has a history of low back pain with right lower extremity numbness. Available

records documented prior clinical exam findings consistent with imaging evidence of L2 nerve root compression. There are no current clinical exam findings or imaging evidence consistent with nerve root compression localized at the L3/4 level. There are no electrodiagnostic or selective nerve root block findings documented to support the medical necessity of decompression at the L3/4 level. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

MRI of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177, 178.
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The California Medical Treatment Utilization Schedule ACOEM guidelines provide criteria for ordering cervical spine MRIs that includes emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. Guideline criteria have not been met. There is no clinical exam findings provided that indicate emergence of a red flag or physiologic evidence of severe tissue insult or neurologic dysfunction. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.