

Case Number:	CM15-0088432		
Date Assigned:	05/12/2015	Date of Injury:	07/27/2010
Decision Date:	06/15/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	05/08/2015

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 46-year-old female who sustained an industrial injury on 7/27/10. She reported a straining low back injury while working in the laundry. Past medical history was positive for abnormal heart rate, depression, hypertension, thyroid disease and asthma. The 9/26/14 lumbar spine MRI documented no significant interval change with left foraminal disc herniation at L5/S1 with severe foraminal narrowing and left L5 nerve root compression. The 12/4/14 neurosurgical report cited complaint of low back pain radiating down the back of her thigh into the top of the left foot. Physical exam documented possible left extensor hallucis longus weakness although she could walk on her heels. She had a mildly positive straight leg raise. There were no clear sensory issues. Clinically she had left leg pain consistent with a left L5 problem. A left L5/S1 far lateral decompression was recommended. She was not working. The injured worker underwent a CT-guided left L5 transforaminal epidural corticosteroid injection on 1/15/15 for suspected L5 radiculopathy as the principle source of her recurrent left lower extremity pain. She reported immediate and substantial relief of radicular pain. The 3/30/15 treating physician report cited low back pain with radiation extending down the posterior aspect of the left lower extremity associated with numbness. He reported that serial MRI studies have shown persistence of the disc herniation and left L5 nerve root compression on the left. She had good response to an L5 selective nerve root block with significant pain reduction for 3 weeks. The plan of care included left L5-S1 far lateral decompression and intra foraminal decompression of the left L5 nerve root. The 4/13/15 utilization review non-certified the request for left L5/S1 far lateral decompression and intraforaminal decompression of the left L5 nerve

root as there were no imaging studies submitted for review, no current exam findings evidencing neural compression, and no detailed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left L5-S1 Far Lateral Decompression and Intra foraminal decompression of the left L5 Nerve Root: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back Chapter, Microdiscectomy; Discectomy/Laminectomy.

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 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 and function-limiting low back pain radiating down the posterior left leg to the top of the foot. Clinical exam findings and selective nerve root block are consistent with imaging evidence of left L5 nerve root compromise. Evidence of reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.