

Case Number:	CM15-0088978		
Date Assigned:	05/13/2015	Date of Injury:	02/08/2013
Decision Date:	06/18/2015	UR Denial Date:	05/04/2015
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 38-year-old male who sustained an industrial injury on 2/08/13. Injury occurred when he was walking backwards hosing down a Jacuzzi and fell backwards down 5 cement steps, landing on his coccyx. The 5/21/14 EMG report impression documented electrodiagnostic evidence suggesting lumbar radiculopathy, which appeared to be affecting the right L5 nerve root predominantly. The 12/11/14 neurologic consult report cited low back pain radiating to the right buttock, down the right leg to the 3rd and 4th toes with a sensation of coldness, numbness and cramping. Urinary incontinence was reported. Physical exam documented diminished global strength in the right leg (3/5), with some possible limitation of effort due to pain. Reflexes were 2+ and symmetrical. There was decreased sensation in the right lower extremity, including the genitalia. The diagnosis was probable lumbar radiculopathy involving the L4 and possibly the L5 and S1 nerve roots, and rule-out genital femoral neuropathy. An EMG/NCV was recommended. The 2/4/15 treating physician report cited severe low back pain radiating to the right lower extremity with severe cramping and sensations of weakness and paresthesia. Physical exam documented decreased lumbar range of motion with paraspinal tenderness and spasms, positive sciatic notch tenderness, and positive right straight leg raise. Sensation was decreased over the right L5 dermatome, lower extremity motor function was intact, and right lower extremity deep tendon reflexes were hyperreflexic. The diagnosis was lumbar radiculopathy, lumbar disc herniation, and lumbar discogenic pain. The treatment plan indicated that the injured worker had numerous attempts at conservative treatment, including physical therapy, chiropractic, and anti-inflammatory medications, without relief.

Authorization was requested for right L4/5 epidural steroid injection prior to consideration of surgical intervention. The 3/4/15 lumbar spine MRI impression documented a 5-6 mm central disc protrusion at L4/5 moderately compressing the dural sac. The L4 nerve roots exited normally. There was disc material extending down behind the posterosuperior corner of L5. There was facet hypertrophy with mild to moderate central canal compromise. The 3/17/15 electro-diagnostic report documented no evidence of lumbar radiculopathy or plexopathy, or peripheral neuropathy. The clinical combination of bladder and bowel complaints in a young man combined with hyperreflexia in the lower extremities suggested a cervical or thoracic spinal stenosis. Records indicated that a right L4/5 transforaminal epidural steroid injection was certified in utilization review on 4/15/15. The 4/17/15 treating physician report cited back pain radiating down the right leg, with complaints of numbness and weakness to the right leg and problems with bladder incontinence. Physical exam documented right antalgic gait, entire right lower extremity weakness, intact sensation, and positive right straight leg raise. MRI showed an L4-L5 disc protrusion causing mild central and moderate bilateral foraminal narrowing, right worse than left. EMG/NCV was reported consistent with right L5 radiculopathy. Given the MRI and EMG/NCV findings, positive straight leg raise, and failure to respond to conservative treatment, he was a candidate for right L4/5 hemilaminotomy and microdiscectomy. The 5/4/15 utilization review non-certified the request for right sided L4-L5 hemilaminectomy and microdiscectomy based on limited pathology on imaging to support surgery, pending epidural steroid injection, and lack of electrodiagnostic evidence or specific subjective complaints and activity limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right sided L4-L5 hemilaminectomy and microdiscectomy: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM 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 injured worker presents with low back pain radiating down the right lower

extremity with weakness, paresthesia, and bladder incontinence. Clinical exam findings have included global right lower extremity weakness, positive right straight leg raise, right lower extremity hyperreflexia and diminished right L5 sensation. There is imaging evidence of a right L4/5 central disc protrusion compressing the dural sac with plausible nerve root compression. 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.

Preoperative medical clearance: Overturned

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 Institute for Clinical Systems Improvement (ICSI), Preoperative Evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. page 40.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met on the basis of plausible long-term use of NSAIDs and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

Associated surgical service: Motorized cold therapy unit: Upheld

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): 299. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Chapter 12 Low Back Disorders (Revised 2007), Hot and cold therapies, page(s) 160-161.

Decision rationale: The California MTUS are silent regarding cold therapy devices, but recommend at home applications of cold packs. The ACOEM Revised Low Back Disorder Guidelines state that the routine use of high-tech devices for cold therapy is not recommended in the treatment of lower back pain. Guidelines support the use of cold packs for patients with low back complaints. Guideline criteria have not been met. There is no compelling reason submitted to support the medical necessity of a cold therapy unit in the absence of guideline support. Therefore, this request is not medically necessary.