

Case Number:	CM14-0124857		
Date Assigned:	09/16/2014	Date of Injury:	05/28/2012
Decision Date:	10/16/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/06/2014

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. The expert reviewer is Board Certified in Orthopaedic Surgery, and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 63-year-old male sustained an industrial injury on 5/28/12. Injury occurred while getting off a forklift. Past medical history was positive for obesity, hypertension, and diabetes. The 3/14/14 lumbar spine MRI documented straightening of the normal lordotic curve, usually due to muscle spasms. There was disc desiccation at L3/4 with moderate spinal stenosis secondary to a 7 mm central posterior disc protrusion/extrusion causing pressure over the anterior aspect of the thecal sac. There was a loss of disc height and disc desiccation at L4/5 with bilateral hypertrophic facet joint changes. There was a 5 mm broad based disc protrusion/extrusion causing pressure over the anterior aspect of the thecal sac and extending into the left neural foramen. There was mild narrowing of the left neural foramen. There was a 6-7 mm central posterior disc/endplate osteophyte complex at L5/S1 causing pressure over the anterior aspect of the traction and indenting both S1 nerve roots. There was mild narrowing of the left neural foramen. Findings were unchanged from the prior study on 7/25/12. The patient underwent an epidural steroid injection on 9/18/13 without improvement, the level(s) was not identified in the records. The 6/2/14 lumbar spine x-rays documented no evidence of spondylolisthesis or segmental instability. The 6/2/14 treating physician report cited increased grade 5-6/10 low back pain associated with pain and numbness radiating down both legs, right greater than left. Pain was increased by weight bearing, lifting, and twisting. Pain was alleviated with rest and there was some reduction with ibuprofen. Physical exam documented normal station and gait, flat back deformity, and restricted lumbar range of motion in forward flexion. Deep tendon reflexes were symmetrical. Sensation was normal to all extremities. Axial back pain was present with radiation to the knee and area of the left medial malleolus. The diagnosis was multilevel degenerative disc disease with symptomatic narrowing to the right at the L3/4 and L4/5 levels. The patient had failed conservative treatment and wished to proceed with a microdiscectomy at right L3/4 and

L4/5. The 7/22/14 utilization review denied the request for lumbar surgery as the laterality of the symptoms did not correlate with imaging. The 8/14/14 treating physician report cited grade 8-9/10 low back pain with left buttock pain. Pain is worse with standing, lifting, movements, walking, and sitting. Pain was relieved by cold showers and medications. Physical exam documented no pain with axial loading, normal gait, obese abdomen, right paraspinal discomfort, and lumbar pain on palpation and motion. Straight leg raise on the left produced left quadriceps tingling and left sacroiliac joint pain. Right straight leg raise produced right sacroiliac joint pain. The patient was able to toe and heel walk. Patellar reflexes were absent bilaterally. Lumbar range of motion was limited to flexion 20 and extension 0 degrees. The treatment plan recommended continued Ketoprofen and omeprazole. The patient was reported capable of modified work.

IMR ISSUES, DECISIONS AND RATIONALES

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

L3/4 , L4/5 microscopic disectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-208.

Decision rationale: The ACOEM Revised Low Back Disorder guidelines recommend lumbar disectomy for patients with radiculopathy due to on-going nerve root compression who continue to have significant pain and functional limitation after 4 to 6 weeks of time and appropriate conservative therapy. Guideline indications include radicular pain syndrome with current dermatomal pain and/or numbness, or myotomal muscle weakness all consistent with a herniated disc. Imaging findings are required that confirm persisting nerve root compression at the level and on the side predicted by the history and clinical examination. Guideline criteria have been met. There is clinical and imaging evidence of nerve root compression at the requested surgical levels. Reasonable comprehensive pharmacologic and non-pharmacologic conservative treatment has been tried and failed. Therefore, this request is medically necessary.