

Case Number:	CM14-0128042		
Date Assigned:	08/15/2014	Date of Injury:	02/13/2013
Decision Date:	10/09/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/11/2014

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 Orthopedic 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 53-year-old female customer service employee sustained an industrial injury on 2/13/13. Injury occurred when she was pushing a box of files and developed lower back pain. Past medical history was negative for medical conditions, but she was a daily smoker. The 8/14/13 lumbar spine MRI revealed an L3/4 left foraminal extruded disc herniation with abutment of the sensory root ganglion in the distal foramen. There was a small sequestered fragment more proximally within the foramen. There was minimal attenuation of the proximal left L4 lateral recess with prominence of the nerve root within its intrathecal course. The remainder of the lumbar disc spaces showed no focal disc herniations or significant bulges of the annuli. The 3/5/14 treating physician report documented review of the lumbar MRI with left sided facet and ligamentum flavum hypertrophy at L4/5 that clearly impinged on the thecal sac in the left lateral recess. The treatment plan recommended a left L3/4 and L4/5 laminotomy and left L3/4 discectomy. The 7/2/14 treating physician report cited constant, severe and unrelenting pain in her left buttock radiating into the posterior thigh and calf to her foot. She also had pain in the left anterior thigh and dorsal foot. Pain and back fatigue significantly interfered with activities of daily living. She underwent an L4/5 lumbar epidural steroid injection on 6/11/14 with no significant benefit and pain was worse than it had ever been. Physical exam documented the patient was uncomfortable, sleep-deprived, and somewhat depressed. Gait was slow and guarded. Rising from a seated posture was slow. Lumbar range of motion was markedly restricted and painful in all planes. Lower extremity motor strength was 5/5 bilaterally. Straight leg raise was positive seated at 90 degrees on the left. Sensation was decreased in the left dorsal foot, lateral thigh and calf. The diagnosis was left foraminal disc extrusion L3/4 with foraminal stenosis and radiculopathy and facet and ligamentum flavum hypertrophy L4/5 with moderate left lateral recess stenosis with radiculopathy. She remained highly symptomatic despite

appropriate care, including activity restrictions, physical therapy, anti-inflammatory and analgesic medications, and a lumbar epidural steroid injection. Authorization was requested for left L3/4 and L4/5 laminotomy and discectomy. The 7/25/14 utilization review denied the request for lumbar surgery and associated pre-operative clearance as there was no documentation of imaging findings at the L4/5 level on which the surgeon and radiologist agree.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Lumbar Laminotomy and Discectomy L3-4 and L4 - 5: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines ; pages 305 - 306ODG ; Indications; Low Back Chapter 3

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

Decision rationale: The California MTUS guidelines recommend lumbar discectomy 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. Subjective symptoms and the location of objective findings reasonably correlate with reported imaging findings. Comprehensive conservative treatment has been tried and has failed. Therefore, this request is medically necessary.

Pre-Op Medical Clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines; preoperative testing

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Practice advisory for preanesthesia evaluation: an updated report by the American Society of Anesthesiologists Task Force on Preanesthesia Evaluation. Anesthesiology 2012 Mar; 116(3):522-38

Decision rationale: The California MTUS guidelines do not provide recommendations for this service. 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. Middle-aged females have known occult increased medical/cardiac risk factors. These risks are increased given her smoking status. Therefore, this request is medically necessary.

