

Case Number:	CM14-0166577		
Date Assigned:	10/13/2014	Date of Injury:	02/15/1998
Decision Date:	11/13/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/09/2014

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 70-year-old female sustained an industrial injury on 2/15/98. The mechanism of injury was not documented. Past surgical history was positive for L5/S1 fusion on 6/10/13 with subsequent right sided L5/S1 hardware removal. The 10/8/13 lumbar spine MRI impression documented post-surgical findings at L5/S1 status post anterior interbody fusion procedure with either removed right L5 and S1 pedicle screws or osteotomies. The presence or absence of fusion could not be evaluated. There were small lateral end-plate spurs at L5/S1. There was mild right neuroforaminal narrowing without impression upon the exiting right L5 nerve root. There was no spinal canal or lateral recess stenosis. There were small bulges and degenerative facet arthrosis at multiple levels. There was no significant thecal sac or nerve root compression. The 10/8/13 lumbar CT scan findings documented a medial breach of the right L5 pedicle screw track with no screw remaining. The right S1 pedicle screw track was also noted with no screw remaining. The screw track narrows the right lateral recess above the right foramen with soft tissue stranding extending into the right foramen. There was no central stenosis. The 6/13/14 spine surgeon report cited continued right lower extremity pain with foot numbness. She had failed conservative treatment including blocks, physical therapy, and medications. Physical exam documented intact motor strength, some hypersensitivity to the foot, and antalgic limp. The treatment plan recommended right L5/S1 decompression. The 8/8/14 spine surgery handwritten progress report cited bilateral foot pain and burning. The patient fell 3 weeks ago into a wrought iron screen door. She still had some right knee pain but it was better. She was getting depressed, tired of being in pain, and was using a house cane for balance. She had leg cramps if driving and a stiff right ankle. The remainder of the exam was illegible. Medications included gabapentin, atenolol, and aspirin. She stopped the cholesterol medication because of leg cramping. The 9/16/14 utilization review denied the request for bilateral L5/S1 microdiscectomy as there was no

electrodiagnostic study to support a radiculopathy from the reported impingement, no selective nerve root block to help identify the pain generator, and no comprehensive lumbar spine exam documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5-S1 Micro-decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 202-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic, Discectomy/Laminectomy

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 not been met. There is no current clinical exam evidence of dermatomal patterned pain and/or numbness or myotomal muscle weakness consistent with radiculopathy. There is no imaging evidence of nerve root compression. 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.