

Case Number:	CM14-0216065		
Date Assigned:	01/06/2015	Date of Injury:	09/17/2014
Decision Date:	03/10/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/23/2014

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. 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: California
 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:

This 42 year old male sustained an industrial related injury on 09/17/2014 after lifting heavy equipment. The results of the injury included back pain. The injured worker was initially diagnosed with lumbar strain and T12 burst fracture, closed, initial encounter. Per the evaluation (11/05/2014), the injured worker's subjective complaints included low back pain with intermittent shooting pain down the left lower extremity going posteriorly to the back of the left thigh with constant paresthasias in the left lower extremity posteriorly. It was noted that the injured worker had baseline paresthasias bilaterally. Objective findings on this report included tenderness to the back with almost no range of motion due to severe pain. There was a noted strength of 5/5 in the bilateral lower extremities except for the left dorsiflexion which was noted as 2-3/5. There was numbness to the left lateral leg. Deep tendon reflexes were 2+ at the right ankle and bilateral knees with the left ankle noted as '0'. Toes were down going, and straight leg raises were positive on the left and negative on the right, and there was a noted limp. Treatment to date has included medications, as the clinical records note that there has been no previous physical therapy, pool therapy, epidural steroid injections, inversion table therapy or chiropractic treatments. It was noted that the injured worker had a history of thoracic sine surgery in 2010 with removal of hardware on 12/17/2012. Diagnostic testing has included a MRI (10/07/2014) of the back which revealed a T12 compression fracture with significant collapse and angulation, moderate to severe degenerative disk disease at L5-S1 with a left herniated nucleus pulposus, and moderate to severe degenerative disk disease with a central herniated nucleus pulposus. Current diagnoses include spinal cord injury status post-surgery and lumbar radiculopathy. The

left L5-S1 microdiscectomy was requested for the treatment of low back pain with radiculopathy after the injured worker elected to forgo lumbar epidural steroid injections which had previously been recommended. Treatments in place around the time the left L5-S1 microdiscectomy was requested included medications. The injured worker reported continued and ongoing back pain and paresthesia since the injury which was not reported to have changed. Functional deficits and activities of daily living were unchanged. Work status was unchanged as the injured worker remained temporarily totally disabled. Dependency on medical care had not changed. On 11/24/2014, Utilization Review non-certified a request for one (1) left L5-S1 microdiscectomy which was requested on 11/14/2014. The left L5-S1 microdiscectomy was non-certified based on the lack of prior conservative treatment and failure of such remedies. The MTUS Chronic Pain, ACOEM and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of one (1) left L5-S1 microdiscectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 left L5/S1 microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic, Microdiscectomy; Indications for surgery - Discectomy/laminectomy

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310.

Decision rationale: CA MTUS/ACOEM Low back complaints, page 308-310 recommends surgical consideration for patients with persistent and severe sciatica and clinical evidence of nerve root compromise if symptoms persist after 4-6 weeks of conservative therapy. According to the ODG Low Back, discectomy/laminectomy criteria, discectomy is indicated for correlating distinct nerve root compromise with imaging studies. In this patient the exam notes from 11/5/15 do not document failed nonsurgical management. Therefore the guideline criteria have not been met and determination is for non-certification.