

Case Number:	CM15-0011463		
Date Assigned:	01/29/2015	Date of Injury:	04/08/2014
Decision Date:	03/18/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/21/2015

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 47 year old female, who sustained an industrial injury on April 8, 2014. She has reported the onset of back pain while lifting and stocking. The diagnoses have included displacement of lumbar intervertebral disc without myelopathy. Treatment to date has included diagnostic studies, chiropractic treatment, physical therapy, and medications. Records documented significant functional difficulty precluding return to full duty work and episodic lower extremity weakness. The 7/29/14 lumbar MRI demonstrated a left L1/2 disc extrusion with mild impingement of the traversing left L1 and L2 nerve roots and no central stenosis or foraminal narrowing. There was a small left L5/S1 annular bulge causing some mild displacement of the left S1 nerve root. The 9/4/14 neurosurgeon report opined there was an extruded fragment at L1/2 with significant compression of the nerve root with corresponding weakness in the left hip flexors and quadriceps. On 12/15/14, the injured worker complained of fairly constant grade 7/10 low back pain radiating into the left posterior buttock, thigh and leg with posterior calf and plantar foot numbness. She reported the left leg would give way. Symptoms were worsened with lying in bed, rising from sitting, bending backward, twisting and stairs. Symptoms were improved with medications and rest. Physical exam documented moderate loss of lumbar range of motion, no paraspinal tenderness, normal heel/toe walk, normal lower extremity strength, intact lower extremity sensation, and normal bilateral deep tendon reflexes. Nerve tension signs were positive on the left. Failure of conservative treatment, including prior physical therapy, was documented. On December 25, 2014, Utilization Review non-certified left microdiscectomy at L1-2 with one day inpatient stay and purchase of post-

surgical per-fabricated back brace based on an absence of documented objective findings of radiculopathy corroborated by positive nerve impingement on MRI, noting the MTUS/ACOEM and Official Disability Guidelines. On January 21, 2015, the injured worker submitted an application for Independent Medical Review for review of left microdiscectomy at L1-2 with one day inpatient stay and purchase of post-surgical pre-fabricated back brace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left microdiscectomy at L1-2 with 1 day inpatient stay: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300, 305-306.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305. Decision based on Non-MTUS Citation Low Back Lumbar & Thoracic: Discectomy/Laminectomy; Hospital length of stay (LOS)

Decision rationale: The California MTUS support referral for surgical consultation for patients who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Additional criteria include activity limitations due to radiating leg pain, extreme progression of lower leg symptoms, failure of conservative treatment, and clear clinical, imaging, and electrophysiologic evidence of a surgical lesions. The Official Disability Guidelines provide specific criteria for decompression surgery (lumbar discectomy and laminectomy) that includes 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. The ODG support one-day inpatient stay for this procedure. Guideline criteria have been met. Records provided documented the patient had signs/symptoms and clinical exam findings consistent with imaging evidence of disc extrusion and nerve root compromise at L1/2. There was significant functional difficulty precluding return to work. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request for left microdiscectomy at L1-2 with one day inpatient stay was medically necessary.

Purchase of post-surgical per-fabricated back brace: Overturned

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 Chapter, Microdiscectomy/Discectomy/Laminectomy, Hospital length of stay (LOS), and Lumbar supports

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 12 Low Back Disorders (2007)

Decision rationale: The California MTUS ACOEM guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorders guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. Guideline criteria have been met. The use of a post-operative brace for pain control and comfort is consistent with guidelines. Therefore, this request for purchase of post-surgical pre-fabricated back brace is reasonable and medically necessary.