

Case Number:	CM15-0115392		
Date Assigned:	06/23/2015	Date of Injury:	09/25/2014
Decision Date:	07/22/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/15/2015

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 was a 34-year-old female who sustained an industrial injury on 9/25/14. Injury occurred while she was transferring a patient and bent over to fix the patient's feet with onset of low back and left pain. Records documented a 10/21/14 lumbar spine MRI showed L5/S1 disc degenerative with 2 mm left paracentral disc protrusion. The 2/12/15 orthopedic consult report cited grade 4/10 low back pain radiating into the left buttock and thigh. Conservative treatment had included Tylenol, acupuncture, and physical therapy. MRI findings showed L5/S1 desiccation with a 2 mm left disc protrusion without significant stenosis. Lumbar spine exam documented left antalgic gait, left paravertebral muscle tightness, limited range of motion, and positive straight leg raise, left greater than right. There was 1+ weakness over the left big toe plantar flexion and decreased sensation over the lateral aspect of the left foot. The diagnosis included left L5/S1 disc protrusion with persistent left lumbar radiculopathy. Treatment was recommended to include epidural steroid injection followed by minimally invasive disc surgery if epidural injection was not helpful. She underwent left L5/S1 epidural steroid injection on 3/20/15 with some relief of posterior thigh pain but no change in axial low back pain or lateral leg pain. The 4/17/15 treating physician report cited persistent left-sided low back pain radiating into the left lower extremity. There was no significant pain relief with epidural steroid injection. Medications included hydrocodone. Physical exam documented antalgic gait, mild to moderate lumbar tenderness, limited range of motion, negative straight leg raise, and ability to heel and toe walk. The diagnosis was lumbosacral sprain/strain. The treatment plan recommended continued medications. MRI was reported as normal with mild

degenerative disc disease and 2 mm paracentral bulge with no impingement. The treatment plan recommended EMG/NCV. The injured worker was to continue work at modified duty status. The 5/20/15 orthopedic report cited low back pain at L5/S1 extending to the left leg. Physical exam documented L5/S1 tenderness to palpation. The diagnosis was disc protrusion lumbar spine. Authorization was requested for disc decompression surgery at L5/S1. The 5/21/15 left lower extremity electrodiagnostic study was reported as normal, with no evidence of an acute or chronic lumbosacral radiculopathy or other neuropathic process. The 6/1/15 utilization review non-certified the request for disc decompression surgery at L5/S1 as there were no physical objective deficits suggestive of neurologic compromise and no imaging evidence of a surgical lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Disc decompression L5-S1: 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 and thoracic chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back ½ Lumbar & Thoracic: Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electro physiologic evidence of a lesion that has been shown to benefit both in the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include 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. Guideline criteria have not been met. This injured worker presents with low back pain radiating into the left leg. Current clinical exam findings do not evidence nerve root compression. Electrodiagnostic study findings are normal with no evidence of radiculopathy. There is reported imaging evidence of a 2 mm left paracentral disc protrusion at L5/S1 with no nerve root impingement. Detailed 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 at this time.