

Case Number:	CM15-0117085		
Date Assigned:	06/25/2015	Date of Injury:	06/26/2013
Decision Date:	07/27/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/17/2015

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:

This injured worker is a 31-year-old female who sustained an industrial injury on 06/06/13. Injury occurred when she missed a step and fell onto her buttocks. Conservative treatment had included medications, physical therapy, activity modification, and epidural steroid injections. The 4/24/15 lumbar spine MRI impression documented no significant central canal stenosis at any level, no acute compression fracture, no significant paraspinal or soft tissue muscle contusion, and no significant edema within the pedicles to suggest a stress injury. At L5/S1, there was a central/left paracentral 4 mm disc protrusion. The bilateral S1 nerve roots bud from the thecal sac in the region of the protrusion. There was subtle abutment of the left sided nerve root without mass effect, and correlation for bilateral S1 radiculopathy. Findings were also suggestive of possible annular tearing. The 4/30/15 treating physician report cited constant low back pain with radiating into the right lower extremity. She reported increased pain with walking for a few minutes, bending, twisting and prolonged sitting. Physical exam documented lumbosacral junction discomfort with standing, decreased and painful range of motion, positive right straight leg raise, and decreased sensation over the right lateral calf with intact motor strength over the lower extremities. The diagnosis included lumbar disc herniation with back pain and radiculopathy. The treatment plan recommended follow-up with the spine surgeon. The 5/13/15 spine surgeon report cited low back pain radiating into the right buttock and posterior thigh, extending into the posterior calf and lateral foot in an S1 distribution, and burning pain in the left foot. Pain was reported quite significant and markedly interfered with life quality/activities. Current medications included Norco and Flexeril. Physical exam documented limited lumbar

extension, radicular pain with extension combined with rotation, 5/5 motor, intact sensation, and deep tendon reflexes 1+/2 in the knees and ankles. Straight leg raise was positive on the right. MRI showed a 4 mm central disc herniation abutting both the S1 nerve roots. Authorization was requested for right L5/S1 laminotomy plus discectomy. The 6/1/15 utilization review non-certified the request for right L5/S1 laminotomy and discectomy as there were no specific myotomal/dermatomal deficits at this level correlated with imaging findings, and no EMG study to clarify the presence of an actual radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 laminotomy plus discectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8.

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 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 electrophysiologic evidence of a lesion that has been shown to benefit in both 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 been met. This injured worker presents with persistent and function-limiting low back pain radiating down the right lower extremity in an S1 distribution and left foot burning pain. Clinical exam findings are consistent with imaging evidence of S1 nerve root compression. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.