

Case Number:	CM15-0119450		
Date Assigned:	06/29/2015	Date of Injury:	09/18/2014
Decision Date:	07/31/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/22/2015

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 49-year-old male who sustained an industrial injury on 9/18/14. Injury occurred when he was pulling a hose and it broke, causing him to fall backwards. Conservative treatment included chiropractic, acupuncture, physical therapy, home exercise program, activity modification, and medication management. The 4/7/15 chiropractic report cited continued low back pain extending into the left leg with difficulty on repetitive bending. Physical exam documented positive Kemp's test, positive straight leg raise, and intact lower extremity sensory and motor exam. The diagnosis was lumbar and left hip sprain/strain with probable left sided disc herniation. The treatment plan documented referral for orthopedic consultation. Records indicated that the 4/30/15 lumbar spine MRI revealed disc fissuring at L4/5 and disc desiccation at L3/4 through L5/S1. There was no evidence of exiting nerve root contact or compression at L3/4 or L5/S1. There was facet joint hypertrophy at L4/5 with mild contact of the bilateral L4 nerve roots. The 5/27/15 treating physician report cited continued major low back pain extending to the left leg. Physical exam documented L2/3 through L5/S1 disc tenderness to palpation with decreased left straight leg raise. The diagnosis was lumbosacral disc protrusion. The injured worker was to remain off work. Authorization was requested for lumbar discectomy at L3/4, L4/5, and L5/S1 with minimally invasive endoscopic disc decompression. The 6/9/15 utilization review non-certified the request for lumbar discectomy at L3-4, L4-5, and L5-S1 with minimally invasive endoscopic disc decompression as there was no indication of compressive pathology at the L3/4 or L5/S1 level to support the medical necessity of 3-level lumbar discectomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Discectomy at L3-4, L4-5, L5-S1 with minimally invasive endoscopic disc decompression: Upheld

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

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 both in the short term and in 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 persistent low back pain radiating into the left lower extremity. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, clinical exam findings do not evidence nerve root compression or correlate with imaging evidence of nerve root compression at the L4/5 level. There is no clinical or imaging evidence of nerve root compromise at the L3/4 or L5/S1 levels. Therefore, this request is not medically necessary.