

Case Number:	CM15-0123919		
Date Assigned:	07/08/2015	Date of Injury:	01/25/2009
Decision Date:	08/06/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/26/2015

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 56-year-old male who sustained an industrial injury on 1/25/09. The mechanism of injury was not documented. Records documented the 2/24/14 lumbar spine MRI revealed a 2 cm elliptical fragment at L2/3 in the canal possibly representing sequestration causing significant compromise of the AP diameter of the canal. At L3/4, there was canal narrowing secondary to a 1 cm possible sequestration, and an annular tear with protrusion indenting the thecal sac. At L4/5, there was canal AP diameter narrowing secondary to a 1 cm possible sequestration, and an annular tear with midline disc protrusion indenting the anterior thecal sac. The 4/29/14 electro diagnostic study evidenced bilateral L5 radiculopathy. The 4/28/15 treating physician report cited constant grade 7-8/10 low back pain without medications that improved to grade 3/10 with medications and allowed him to perform activities of daily living with less discomfort. He reported several weeks of upper back pain relief and improved mobility with trigger point injections. He reported 50% improvement in depression with Wellbutrin. Physical exam documented a very depressed looking individual. There was mild to moderate restriction in lumbar range of motion, and multiple cervical, shoulder girdle, thoracic and low back paraspinal trigger points and taut bands. He was unable to heel/toe walk with the left leg and ambulated with a cane. Sensation was decreased over the left lateral calf. There was 4+/5 weakness in left dorsiflexion and plantar flexion. The diagnosis included moderate to severe chronic cervical and thoracolumbar myofascial pain syndrome, lumbosacral radiculopathy, 10 mm disc herniations with fragments at L2/3, L3/4, and L4/5, and major depression with insomnia. Trigger point injections were performed. The treatment plan included home exercise

program, relaxation exercise, gym exercise, and medications to include tramadol, omeprazole, and Wellbutrin. The 5/29/15 treating physician report cited constant grade 9/10 upper and lower back pain that had become intractable with frequent bilateral lower extremity pain, numbness and tingling. He reported that pain reduced to grade 2-3/10 with medications. The injured worker reported severe depression. There was no change in the physical exam or diagnosis. The treatment plan recommended spine surgeon consult for decompression at L3/4, L4/5, and L5/S1 levels. Authorization was requested for lumbar decompression L3/4, L4/5 and L5/S1. The 6/6/15 utilization review non-certified the request for lumbar decompression L3/4, L4/5 and L5/S1 as there was no current spine surgery history and physical exam, discussion of MRI findings, and rationale for surgery to support the medical necessity of this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar decompression L3-4, L4-5, 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.

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 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 severe low back pain radiating into the lower extremity with numbness and tingling. Clinical exam findings were consistent with an L5/S1 radiculopathy. There was imaging evidence of disc sequestration and plausible nerve root compression at the L2/3 through L4/5 levels. There is no current spine surgeon report or discussion of MRI findings at L5/S1 to support the medical necessity of disc decompression at that level or exclusion of the L2/3 level. Additionally, there are significant psychological issues noted with no evidence of a psychosocial screen. Therefore, this request is not medically necessary at this time.