

Case Number:	CM15-0127407		
Date Assigned:	07/14/2015	Date of Injury:	02/23/2013
Decision Date:	08/10/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/01/2015

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 46-year-old male who sustained an industrial injury on 2/23/13, relative to a motor vehicle accident as a deputy sheriff. The 11/10/14 medical legal report documented low back pain radiating throughout the lower extremities, extending to the feet and toes and associated with numbness and tingling and general weakness with walking. Physical exam documented negative straight leg raise, and 4/5 quadriceps and hamstring weakness. Temporary benefit was noted with epidural steroid injection. Updated lumbar MRI was recommended. The treating physician records documented that the 12/18/14 lumbar spine MRI showed a moderate herniated nucleus pulposus with intra-nuclear pathology, and black decreased signal intensity was noted. There was a slight decrease in disc height, and bilateral foraminal stenosis. The 6/9/15 treating physician report cited moderate to severe lumbar spine pain, and left knee pain. Lumbar epidural steroid injections had provided only temporary relief of his symptoms. Physical exam documented lumbar spine tenderness with related spasms, decreased sensation over the right L5 and S1 nerve root distribution, positive straight leg raise, decreased lower extremity motor strength, and restricted lumbar range of motion. Treatment had included acupuncture, chiropractic and physical therapy with minimal to no relief of symptoms. Authorization was requested for L4/5 decompression/microdiscectomy. The 6/19/15 utilization review non-certified the request for L4/5 decompression and microdiscectomy as there was no updated imaging to support the medical necessity of surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Decompression/Microdiscectomy at L4-L5: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, 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 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 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. Guideline criteria have been met. This injured worker presents with signs/symptoms consistent with lumbar radiculopathy. He has continued to work despite functional limitations. Clinical exam findings are consistent with reported imaging findings of plausible nerve root compression at the L4/5 level. Epidural steroid injections provided temporary relief, followed by return of symptoms. 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.