

Case Number:	CM15-0177896		
Date Assigned:	09/18/2015	Date of Injury:	05/10/2012
Decision Date:	10/21/2015	UR Denial Date:	09/03/2015
Priority:	Standard	Application Received:	09/09/2015

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 62-year-old female who sustained an industrial injury on 5/10/12. Past medical history was positive for an allergy to cortisone. Conservative treatment had included physical therapy and medication management. Records documented that a 9/5/14 lumbar spine MRI showed a high-intensity zone, annular tear and disc protrusion at L5/S1. The 4/27/15 lumbar spine MRI x-rays showed disc space narrowing at L5/S1 with no evidence of instability, significant degenerative changes, or foraminal stenosis or narrowing. The 7/21/15 chiropractic treating physician report cited grade 7/10 low back pain radiating into the right leg with burning to the heel and distal left leg pain. Functional difficulty in activities of daily living was noted. Physical exam documented limited range of motion, positive mechanical signs, altered distal lower extremity sensation, diminished left patellar reflex, and knee flexion weakness. The treatment plan recommended chiropractic manipulation and physiotherapy 1x6. The 8/21/15 spine surgery report cited low back pain radiating to the right leg. Physical exam documented virtually no range of motion due to pain. Straight leg raise was positive on the right. Lower extremity neurologic exam documented weakness of the right extensor hallucis longus and anterior tibialis with intact sensation. Deep tendon reflexes were unobtainable. The diagnosis was L5/S1 disc protrusion and right sciatica. The treatment plan recommended right L5/S1 discectomy. Authorization was requested for a right L5/S1 discectomy. The 9/3/15 utilization review non-certified the request for right L5/S1 discectomy as there was no evidence of an MRI report documenting the presence of nerve root compression or detailed evidence of conservative treatment failure.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right L5-S1 discectomy Qty: 1.00: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations. 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. This injured worker presents with persistent and function-limiting low back pain radiating to the right leg. Clinical exam findings are consistent with reported imaging evidence of plausible nerve root compromise at the L5/S1 level. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.