

Case Number:	CM15-0179495		
Date Assigned:	09/21/2015	Date of Injury:	05/26/2013
Decision Date:	10/26/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/11/2015

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 52-year-old male who sustained an industrial injury on 5/26/13. Injury occurred when he was cranking the landing gears on a trailer and experienced a sudden onset of low back pain radiating down his left leg to the foot. Conservative treatment included activity modification, medications, epidural steroid injection, acupuncture, and physical therapy without sustained improvement. He was unable to continue working. The 5/14/15 lumbar spine MRI impression documented degenerative changes within the lumbar spine, particularly at L4/5, relatively stable compared to the 8/5/13 study. At L4/5, there was a 2 mm degenerative anterolisthesis. There was a diffuse disc bulge asymmetric to the left paracentral/foraminal region measuring 4 mm with an associated annular fissure. There was moderate facet arthropathy, mild central canal narrowing, and mild lateral recess and foraminal narrowing bilaterally. The 7/31/15 initial orthopedic report cited moderate low back pain radiating to the left leg with numbness and tingling. Symptoms were aggravated by repeated lifting, bending, pushing, and pulling. Physical exam documented significantly restricted and painful lumbar range of motion. Straight leg raise was positive bilaterally. There was 4/5 left tibialis anterior and extensor hallucis longus weakness and diminished Achilles reflexes. There was decreased sensation in the L5 dermatomal distribution. Imaging was reviewed and showed evidence of an L4/5 disc bulge with large left-sided intraforaminal annular tear. The diagnosis was L4/5 stenosis and radiculopathy. The treatment plan recommended surgical intervention. Authorization was requested for posterior laminectomy/discectomy at L4/5. The 8/19/15 utilization review documented that the request for posterior laminectomy/discectomy at L4/5 was medically necessary including CPT codes 63047 and 63030. CPT codes 62278 for epidural steroid injection and 77004 for fluoroscopic guidance were deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Posterior laminectomy/discectomy L4-5: 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 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 into the left lower extremity to the foot. He had been unable to return to full duty work. Clinical exam findings are consistent with imaging evidence of plausible neural compression at the L4/5 level. 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.