

Case Number:	CM15-0041123		
Date Assigned:	03/11/2015	Date of Injury:	02/20/2014
Decision Date:	05/11/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/04/2015

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 43-year-old male who sustained an industrial injury on 2/20/14. Past surgical history was positive for right L5/S1 discectomy. The 12/16/14 orthopedic progress report cited continued right lower extremity pain consistent with L3-L4 type nerve distribution. Pain goes all the way down his leg into the anterior aspect of the right shin with numbness. Physical exam documented 4/5 quadriceps and hip flexor weakness. MRI was reviewed and showed that he had right lateral recess stenosis at L2/3 and L3/4 from bulging discs. He had failed conservative treatment, including epidural steroid injection, and had quadriceps and hip flexor weakness. The treatment plan recommended L2 through L4 right sided decompression with possible microdiscectomy at both levels. The 1/28/15 treating physician report cited low back and right thigh pain. He was not having any numbness. He was taking Relafen episodically and was taking Neurontin. Physical exam documented mild right lumbar paraspinal tenderness, moderate loss of lateral flexion and extension, pain was reported when he extended from flexion, right thigh muscle weakness, symmetrical deep tendon reflexes, intact sensation, and positive right straight leg raise. The diagnosis was lumbosacral strain, lumbar degenerative disc, right sciatica, and status post right L5/S1 discectomy. The 2/19/15 utilization review non-certified the request for right L3/4 and L4/5 decompression with one day inpatient stay. There was no rationale for this decision available in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right-Sided Decompression L3-4 and L4-5: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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. This injured worker presents with low back pain radiating down the right leg and weakness in an L3/4 pain distribution. The treating physician report reported imaging evidence of right lateral recess stenosis at L2/3 and L3/4. There is no imaging or electrodiagnostic report available in the records provided. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary.

Associated surgical service: Inpatient One (1) Day Stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic: Hospital length of stay (LOS).

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.