

Case Number:	CM15-0064159		
Date Assigned:	04/10/2015	Date of Injury:	09/11/2014
Decision Date:	05/14/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/03/2015

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 51-year-old male who sustained an industrial injury on 9/11/14. Injury occurred when he fell off the cab of his truck and landed on his left side. He reported injuries to the cervical and lumbar spine, and left hip, knee, and shoulder. Physical therapy care was documented in September 2014 with treatment documented to the cervical spine. The 10/28/14 lumbar spine MRI conclusion documented mild facet hypertrophy, disc/endplate degeneration from L3/4 to L5/S1 with posterior disc extrusions at L4/5 and L5/S1. There was mild L3/4 spinal stenosis and effaced axillary recesses, potentially impinging on the L4 nerve roots, right greater than left. There was effacement of the right L4/5 axillary recess, potentially impinging on the right L5 nerve root and a disc bulge minimally abuts the left L4 nerve root in the left axillary recess. There was a left eccentric disc extrusion at L5/S1 posterior displacing the left S1 nerve root in the left axillary recess. There was moderate bilateral L5/S1 foraminal narrowing, potentially impinging on the L5 nerve roots, right greater than left, and mild bilateral L3/4 and L4/5 foraminal narrowing. The 2/19/15 treating physician report documented mid-lumbar spine pain on the left side that radiated down the posterolateral left leg to the knee most of the time, but also to the calf. Back pain was 6-7/10 and left leg pain was 5-8/10. He reported continuous medial toe numbness on the left. He had 12 weeks of physical therapy with partial improvement in his left leg pain, and also used a TENS unit which helped with pain. He was taking ibuprofen for pain. He could only walk a short distance, sit for 1 to 2 hours, and stand for 20-30 minutes. Physical exam documented lumbar flexion 60 degrees and extension 10 degrees with moderate pain. Straight leg raise was negative bilaterally. Muscle strength was 5/5 over the lower

extremities. Patellar and Achilles reflexes were +2 and symmetrical. Sensation was decreased beginning at the outer foot and running up the side of the leg posterolaterally. The diagnosis included lumbar degenerative disc disease with axial pain and radicular pain in the left leg caused by an L5/S1 disc herniation to the left. The treating physician opined that surgery would not improve his back pain given he had 3-level degenerative disc disease but it had a good chance of improving his left leg pain. The injured worker did not want to have epidural steroid injections. Authorization was requested for a left L5/S1 laminotomy, partial facetectomy and microdiscectomy. The 3/9/15 utilization review non-certified the request for left L4/5 laminotomy, partial facetectomy and microdiscectomy as the patient's strength and reflexes were intact, straight leg raise was negative, and there was no electrophysiological evidence or documentation of failed epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) left-sided L5-S1 laminotomy, partial facetectomy and microdiscectomy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 305-306.

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 been met. This injured worker presents with low back and radicular left leg pain. Clinical exam findings document a sensory loss consistent with nerve root involvement at L5/S1. A reasonable and comprehensive non-operative treatment protocol trial and failure of at least medications and altered activities has been submitted. Therefore, this request is medically necessary at this time.