

Case Number:	CM15-0064810		
Date Assigned:	04/10/2015	Date of Injury:	11/07/2007
Decision Date:	05/13/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/06/2015

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 44-year-old female who sustained an industrial injury on 6/13/13. Diagnoses have included lumbar disc disorder and cervical disc disorder. Treatment to date has included magnetic resonance imaging (MRI) of the cervical and lumbar spine, spinal injections, physiotherapy and medication. The 4/30/14 cervical spine MRI impression documented a 3- 4 mm left paracentral disc protrusion at C3/4 with moderate left and mild right neuroforaminal narrowing, mild indentation on the anterior thecal sac, and mild central spinal canal stenosis. There was a 2 mm left paracentral disc bulge at C4/5 with mild uncovertebral joint and facet hypertrophy causing mild to moderate neuroforaminal narrowing bilaterally. At C5/6, there was a 3 mm left paracentral disc protrusion with mild uncovertebral joint and facet hypertrophy causing mild neuroforaminal narrowing bilaterally, greater on the left and mild indentation on the anterior thecal sac with no significant central spinal canal stenosis. A left L3, L4, and L5 selective nerve root block and bilateral C3, C4, and C6 facet joint nerve blocks were performed on 1/22/15. The 3/11/15 lumbar MRI impression documented a 5 mm L3/4 disc protrusion with high intensity zone causing mild to moderate neuroforaminal narrowing bilaterally with indentation on the L3 nerve root bilaterally, slightly greater on the left. At L4/5, there as a 5 to 6 mm left paracentral disc protrusion with findings consistent with annular tear. There was moderate to severe neuroforaminal narrowing bilaterally, greater on the left, with impingement on the L4 nerve roots bilaterally with mild central spinal canal stenosis. There was a 2 to 3 mm disc bulge at L5/S1 with mild neuroforaminal narrowing bilaterally, greater on the left with no significant central spinal canal stenosis. The 3/11/15 treating physician report cited progressive

and increasing neck and upper extremity, left more than right, and low back and leg pain, left more than right. Bending, lifting and spinal movement aggravated her symptoms. Her symptoms persisted despite spinal injections, medication, physiotherapy, and exercise program. Physical exam documented cervical and lumbar paravertebral muscle tenderness and spasms with limited range of motion. Biceps reflexes were +2 right and +1 left. There was decreased sensation at the left deltoid and left first two fingers. Straight leg raise was 75 degrees right and 70 degrees left. Patellar and Achilles reflexes were 1+ to 2 on the right and 1+ on the left. Sensation was decreased over the left big toe, and dorsal and lateral aspects of the left foot and ankle. She walked with a mild limp of the left leg. MRI findings showed 3 to 4 mm C3/4 and C5/6 disc herniations bilaterally, more so on the left. There was a 5-6 mm L4/5 disc protrusion with impingement of the L4 nerve roots bilaterally, and 3 mm L5/S1 disc bulge bilaterally, more so on the left. Immediate approval was requested for microdecompressive cervical discectomy of C3 and C5 first, followed by microdecompressive lumbar discectomy of L3, L4, and L5. The 3/19/15 utilization review non-certified the request for microdecompressive lumbar discectomy L3/4, L5/S1 and microdecompressive cervical discectomy C3-4, C5-6 as there was no clear description of subjective complaints or comprehensive neurologic examination and the handwritten notes were illegible.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdecompressive lumbar discectomy L3-L4, L5-S1: Upheld

Claims Administrator 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 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 for both requested surgical levels. The injured worker presents with low back and left leg pain. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, there is mention of electrodiagnostic studies but no documentation of the results. There is no imaging evidence suggestive of

significant neural compression at the L5/S1 level. Therefore, this request is not medically necessary.

Microdecompressive cervical discectomy C3-4, C5-6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179-181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back: Discectomy-laminectomy-laminoplasty.

Decision rationale: The California Medical Treatment Utilization Schedule guidelines provide a general recommendation for cervical decompression and fusion surgery, including consideration of pre-surgical psychological screening. The Official Disability Guidelines (ODG) provide specific indications for anterior cervical discectomy that include evidence of radicular pain and sensory symptoms in a cervical distribution that correlate with the involved cervical level or a positive Spurling's test, evidence of motor deficit or reflex changes or positive EMG findings that correlate with the involved cervical level, abnormal imaging correlated with clinical findings, and evidence that the patient has received and failed at least a 6-8 week trial of conservative care. If there is no evidence of sensory, motor, reflex or EMG changes, confirmatory selective nerve root blocks may be substituted if these blocks correlate with the imaging study. The block should produce pain in the abnormal nerve root and provide at least 75% pain relief for the duration of the local anesthetic. Guideline criteria have not been met. This injured worker presents with neck and left upper extremity pain. There are limited clinical exam findings suggestive of C3/4 nerve root compression. There was mention of electrodiagnostic studies but no documentation of the results. There was no evidence of selective nerve root blocks; however, cervical facet blocks were performed without documentation of response. There was no detailed evidence of other recent conservative treatment provided or response. There was no evidence of a motor deficit. Therefore, this request is not medically necessary.