

Case Number:	CM15-0066621		
Date Assigned:	04/14/2015	Date of Injury:	06/27/2014
Decision Date:	05/15/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	04/08/2015

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 45-year-old male who sustained an industrial injury on 6/27/14, relative to lifting. Past surgical history was positive for right L3/4 laminectomy/discectomy on 11/8/12. The 2/24/15 treating physician report cited constant worsening low back pain and right lower extremity radiculopathy. Pain was reported moderate to grade 8/10 and aggravated by daily activities, bending and lifting. Physical exam documented limited lumbar range of motion with moderate pain, positive right straight leg raise at 40 degrees, intermittent right foot numbness, absent right Achilles reflex, weakness right plantar flexion, and 1 cm right calf atrophy. Gait was antalgic. The lumbar spine MRI of 8/15/14 demonstrated a 3 to 4 mm foraminal herniation impinging on the S1 nerve root. The diagnosis included low back pain and sciatica due to lumbar disc displacement and radicular syndrome right leg. Conservative treatment had included anti-inflammatory medication, physical therapy, and epidural injection without improvement. The treatment plan recommended right L5/S1 laminotomy and discectomy. The 3/9/15 utilization review non-certified the request for right L5/S1 laminectomy and discectomy as there was no formal MRI report present in the records to corroborate the reported L5/S1 disc herniation impinging on the S1 nerve root. The 4/21/15 treating physician report cited constant low back pain radiating to the right lower extremity with weakness and numbness. Pain had worsened and was reported 8-10/10. Physical exam was unchanged. X-rays were taken and showed lower lumbar moderate degenerative changes. The treatment plan recommended right L5/S1 decompression laminotomy, laminectomy, and/or discectomy. The injured worker was unable to work or participate in exercise/physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

RIGHT LAMINECTOMY/DISCECTOMY OF THE LUMBAR SPINE AT THE L5-S1 LEVEL: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

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 1½ 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 reasonably met. This injured worker presents with persistent severe low back and right lower extremity pain with numbness and weakness. Significant functional limitation is documented. Clinical exam findings are consistent with reported imaging evidence of L5/S1 disc herniation with S1 nerve root compromise. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Although there is no official MRI report available in the medical records, the history of injury, clinical evidence, and reported imaging findings are consistent. Therefore, this request is not medically necessary.