

Case Number:	CM15-0069864		
Date Assigned:	04/17/2015	Date of Injury:	10/20/2012
Decision Date:	05/21/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/13/2015

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: Minnesota, Florida
 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 49 year old male, who sustained an industrial injury on 10/20/2012. He reported a slip and fall. The injured worker was diagnosed as status post right shoulder arthroscopy, shoulder joint pain, lumbago, shoulder sprain/strain and thoracic/lumbosacral neuritis/radiculitis. There is no record of a recent diagnostic study. Treatment to date has included surgery, psychotherapy, physical therapy, injections and medication management. In a progress note dated 3/2/2015, the injured worker complains of low back pain and right leg pain. The treating physician is requesting pre-operative medical clearance and right L4-5 and L5-S1 microdiscectomy. The request was non-certified by utilization review citing CA MTUS and ODG guidelines. This is now appealed to an independent medical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pre-op medical clearance: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305 and 306.

Decision rationale: Since the primary surgical procedure is not medically necessary, the associated surgical requests are also not medically necessary.

Right L4/5 and L5/S1 microdiscectomy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): s 305 and 306.

Decision rationale: The injured worker is a 49-year-old male with a date of injury of 10/20/2012. He is complaining of low back pain with radiation to both lower extremities, right more than left. MRI scan of the lumbar spine dated 1/8/2013 revealed a minimal loss of disc height and disc desiccation at L4-5. There was a broad-based disc bulge most pronounced posteriolaterally on the right. This caused a mild right L4 foraminal stenosis. There was no evidence of spinal stenosis or encroachment on the opposite foramen. At L5-S1 there was a mild broad-based disc bulge seen on the right of the midline. This did not appear to significantly encroach a neural structure. There was no evidence of spinal or foraminal stenosis. Impression: Disc bulge at L4-5 posteriolaterally on the right produces a mild right L4 foraminal stenosis. Mild pathology is noted at levels in the lower lumbar spine without significant encroachment on the neural structures at these levels. Electrophysiologic studies dated 2/7/2014 were interpreted as showing mild lumbar radiculopathy affecting the right S1 nerve root. Office notes dated December 1, 2014 indicate pain in the lower back and both lower extremities associated with numbness in both lower extremities. The California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, and clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. In this case, the electrophysiologic studies show a mild right S1 radiculopathy but the MRI scan did not show any evidence of compression of the S1 nerve root. Furthermore, a recent comprehensive nonoperative treatment program has not been documented. In the absence of corroboration of the clinical findings with imaging studies and electrodiagnostic studies, the guidelines do not support surgery. As such, the request for L4-5 and L5-S1 microdiscectomy on the right is not supported, and the medical necessity of the request has not been established.