

Case Number:	CM15-0073173		
Date Assigned:	04/23/2015	Date of Injury:	04/04/2014
Decision Date:	06/11/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/16/2015

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 37-year-old male who sustained an industrial injury on 4/4/14. Injury occurred when he slipped and fell while carrying a heavy box, landing on his buttocks. Smoking status indicated that he was a current every day smoker. Records documented prior epidural steroid injection without benefit. Records documented multiple emergency department visits for pain management and neurologic symptoms. The 1/4/15 lumbar spine MRI documented 5 mm broad-based disc protrusions at L4/5 and L5/S1 with minimal bilateral neuroforaminal narrowing without impingement of the nerve roots. There was no spinal cord stenosis and no abnormal signal changes within the cord. The indication for the MRI was fecal incontinence. The 3/19/15 treating physician report cited constant grade 7/10 lower back pain radiating down both legs and associated with numbness down the right leg and tingling in the feet. Symptoms were increased with prolonged walking and standing, and worse at night. Symptoms were alleviated by Norco, ibuprofen, and Soma. Physical exam documented antalgic gait favoring the right leg, lumbar tenderness, diminished right patellar reflex, right dorsiflexion and plantar flexion weakness, and positive right straight leg raise. Imaging showed right sided L4/5 and L5/S1 disc disease. The diagnosis was degenerative disc disease of the lumbar spine, worse on the right at L4/5 and L5/S1, low back pain, and right lumbar radiculopathy. Non-operative and operative treatment options were discussed. A right L4/5 and L5/S1 selective nerve root block was recommended. Authorization was requested for microdiscectomy at L4-5 and L5-S1. The 4/1/15 utilization review non-certified the request for microdiscectomy at L4/5 and L5/S1 and associated 1 day inpatient stay as there was no clinical documentation of conservative treatment and insufficient

objective evidence of imaging or electrodiagnostic studies of nerve root involvement at either L4/5 or L5/S1.

IMR ISSUES, DECISIONS AND RATIONALES

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

Microdiscectomy at L4-5 and L5-S1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304-306.

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) microdiscectomy at L4/5 and L5/S1.

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 been met. This injured worker presents with low back pain radiating into both legs with numbness down the right leg and tingling in the feet. Clinical exam findings are consistent with plausible nerve root involvement at the L4/5 and L5/S1. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.

Associated surgical service: Inpatient stay x 1 day: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hospital Length of Stay.

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 & Thoracic: Hospital length of stay (LOS).

Decision rationale: The California MTUS does not provide recommendations for hospital length of stay. The Official Disability Guidelines recommend the median length of stay (LOS) based on type of surgery, or best practice target LOS for cases with no complications. The recommended median is 1 day and the best practice target is outpatient for a lumbar discectomy. Guideline criteria have been met for inpatient length of stay up to 1 day. Therefore, this request is medically necessary.