

Case Number:	CM15-0078203		
Date Assigned:	04/29/2015	Date of Injury:	08/28/2014
Decision Date:	05/28/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	04/23/2015

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:

This injured worker is a 24-year-old male who sustained an industrial injury on 8/28/14. Injury occurred when he was unloading a store truck and felt a sharp pain in his low back. Conservative treatment included physical therapy, medications, epidural steroid injection, and activity modification without sustained benefit. The 9/12/14 lumbar spine MRI impression documented mild loss of disc height and disc desiccation at L4/5 with a 3 mm broad-based disc bulge and annular tear. There was slight narrowing of the left lateral recess with contact of the traversing left L5/S1 nerve root. The 3/2/15 treating physician report cited grade 7/10 low back pain with right lower extremity symptoms. There was a significant short term decrease in pain with epidural steroid injection on 1/29/15. Medications improved functional ability and reduced pain and spasms. Objective findings included limited global lumbar range of motion, difficulty arising from a seated position, positive right straight leg raise, diminished right L5 and S1 sensation, and 4+/5 right extensor hallucis longus, quadriceps, and eversion weakness. The diagnosis was right L4/5 disc protrusion with radiculopathy and annular tear. The treatment plan recommended acupuncture, physical therapy, and medications. The 4/7/15 treating physician report cited significant right lumbar radicular pain. Prior epidural injection gave him only temporary relief. Lumbar spine exam documented diffuse tenderness to the right of midline, forward flexion 60 degrees, extension 10 degrees, and positive straight leg raise on the right. Lower extremity neurologic exam documented grossly normal motor strength, intact sensation, and symmetrical deep tendon reflexes. The diagnosis was right lumbar radiculopathy secondary to L4/5 disc protrusion with annular tear. The treatment plan recommended right lumbar decompression. The

4/22/15 utilization review non-certified the request for right lumbar decompression at L4/5 as the clinical evaluation did not correlate with the imaging studies and there was no evidence of a neural compressive lesion.

IMR ISSUES, DECISIONS AND RATIONALES

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

(R) Lumbar Decompression L4-5: Overturned

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), Indications for Surgery, Discectomy/laminectomy.

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 been met. This injured worker presents with persistent function-limiting right sided low back and lower extremity pain. Clinical exam findings are consistent with imaging evidence of plausible nerve root compression at L4/5. 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.