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| Case Number: | CM15-0079025 | | |
| Date Assigned: | 04/30/2015 | Date of Injury: | 09/25/2013 |
| Decision Date: | 05/29/2015 | UR Denial Date: | 04/14/2015 |
| Priority: | Standard | Application Received: | 04/24/2015 |

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 35-year-old male who sustained an industrial injury on 9/25/13. Injury was reported relative to changing several lights. He was up on a ladder, bending and reaching over a large shelving unit that contained the lights, and experienced an onset of severe back pain and locking. The 2/5/14 lumbar spine MRI impression documented a 7 mm symmetrical disc bulge abutting the S1 traversing nerve roots bilaterally, resulting in mild spinal stenosis and moderate bilateral neuroforaminal narrowing. The 2/13/15 initial neurosurgical consult report cited constant moderate to severe lower back pain radiating down the legs intermittently on a daily basis. Pain and numbness radiated down the posterolateral leg into the lateral calf and foot. He reported left leg weakness and developed a limp when walking longer than a few minutes. Symptoms are worse in the morning and with sitting, sleeping, standing, or prolonged positions. He reported significant difficulty in tolerating activities of daily living. Conservative treatment included physical therapy and acupuncture without benefit. He did not want epidural steroid injections. MRI showed a 7 mm disc bulge at L5/S1 abutting the S1 traversing nerve roots bilaterally, and resulted in spinal stenosis and moderate bilateral neuroforaminal narrowing. Physical exam documented normal gait with difficulty in left toe walk. Range of motion was moderately limited. There was 4/5 left plantar flexion weakness and decreased sensation along the lateral calves and feet. Straight leg raise was positive on the left. The diagnosis was L5/S1 degenerative disc disease with disc herniation and S1 compression, and chronic low back pain with predominantly left sided lumbar radiculopathy. The treatment plan recommended surgery, L5/S1 decompression and microdiscectomy or lumbar decompression with interbody and

instrumented fusion at L5/S1. The 4/3/15 treating physician report cited moderate to severe low back pain radiating to the legs, worse on the right. He was intolerant to activity as this aggravated his low back and leg pain. He had intermittent periods of severe nerve irritation radiating down the posterior leg laterally into the feet and toes. Physical exam documented decreased range of motion, positive left straight leg raise, and 4+/5 left gastrocnemius, tibialis anterior, and extensor hallucis longus weakness. The diagnosis was lumbar herniated nucleus pulposus. The treatment plan documented failure of conservative treatment, and recommended L5/S1 microdiscectomy. The 4/14/15 utilization review non-certified the request for L5/S1 microdiscectomy and associated surgical services as the MRI was over a year old and although there was a bulging disc abutting the S1 roots bilaterally, there was no evidence of nerve root compression.

IMR ISSUES, DECISIONS AND RATIONALES

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

L5-S1 microdiscectomy of lumbar spine with interoperative spinal cord monitoring: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-308.

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; Intraoperative neurophysiologic monitoring (during surgery).

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 in both 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. The ODG recommend intraoperative neurophysiologic monitoring during spinal or intracranial surgeries when such procedures have a risk of significant complications that can be detected and prevented through use of neurophysiological monitoring, and should be used at the discretion of the surgeon to improve outcomes of spinal surgery. Guideline criteria have been met. This injured worker presented with persistent function-limiting low back pain radiating to both legs, worse on the right. Signs/symptoms and clinical exam findings correlate with imaging evidence of plausible S1 nerve root compression. 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.

2 day inpatient stay: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back, Intraoperative neurophysiological monitoring (during surgery); Hospital Length of Stay (LOS).

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 Lumbar & 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 length of stay for a discectomy is 1 day, with best practice target of outpatient. This request exceeds the median and best practice target without rationale to support exception to guidelines. Therefore, this request is not medically necessary.