

Case Number:	CM15-0079137		
Date Assigned:	04/30/2015	Date of Injury:	10/04/2013
Decision Date:	05/29/2015	UR Denial Date:	04/15/2015
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 48-year-old male who sustained an industrial injury on 10/4/13. Injury occurred while he was unloading drill roads off his truck, missed a step on the trailer and landed on his left leg. He was able to push the rod away so it did not crush him against the truck but felt an electrical sensation in his buttocks. The 12/2/13 lumbar spine MRI impression documented the L5/S1 disc was moderately narrowed with a broad left paracentral/posterolateral 4 mm disc protrusion markedly narrowing the left neural foramen. The perineural fat was effaced and the left L5 nerve root was compressed. There was mild right neuroforaminal narrowing and mild left facet arthropathy. The 2/4/15 electrodiagnostic study findings were consistent with chronic left L5 radiculopathy. The 3/6/15 treating physician report cited persistent pain that was significantly worse. The injured worker had an excellent response to an initial epidural steroid injection with dramatic effect for a few weeks, but the pain recurred and subsequent injections have not been as effective. He was attempting to work but was having a hard time driving which was an essential job task. The diagnosis was left L5/S1 disc protrusion with left S1 radiculopathy and signs of L5 radiculopathy, and lumbar facet syndrome. The treatment plan recommended left L5/S1 micro-lumbar discectomy through an interlaminar approach. The 4/15/15 utilization review non-certified the request for transpedicular approach with decompression of a single lumbar segment as there was no recent physical examination (9/5/14 report reviewed) or recent advanced imaging to warrant the requested surgery. On appeal, this request was approved as requested at the L5/S1 level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Transpedicular approach with decompression of spinal cord, equina and/or nerve root(s) (e.g. herniated intervertebral disc) single segment; lumbar(including transfacet or alteral extraforaminal approach) (e.g. far lateral herniated intevertebral disc): Upheld

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 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 in 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 for lumbar decompression surgery at the L5/S1 level. The patient presents with significant and persistent low back and left lower extremity pain that is functionally limiting. Signs/symptoms correlate with electrodiagnostic and imaging evidence of left L5 radiculopathy and L5/S1 disc herniation. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. However, this request does not specify the level to be treated. This surgery was approved on appeal at the L5/S1 level. There is no compelling reason presented to support the medical necessity of additional certification beyond the L5/S1 decompression surgery already certified. Therefore, this request is not medically necessary.