

Case Number:	CM15-0093308		
Date Assigned:	05/19/2015	Date of Injury:	08/07/2014
Decision Date:	07/02/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/14/2015

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 50 year old male, who sustained an industrial injury on 08/07/2014. He reported developing cumulative trauma injuries affecting his low back and right hip while working as a Sheriff. The injured worker is currently temporarily totally disabled. The injured worker is currently diagnosed as having lumbar spine sprain/strain with radicular complaints and right hip strain. Treatment and diagnostics to date has included lumbar spine MRI which showed evidence of protrusions at L3-4, L4-5, and a bulge at L5-S1, normal electrodiagnostic studies, and treatment with physical therapy, and medications. In a progress note dated 04/02/2015, the injured worker presented with complaints of intermittent moderate low back pain with radiation to the right buttock and calf and reports medication and conservative treatment have not helped. Objective findings include tenderness to palpation to the lumbosacral spine area with muscle spasms and restricted range of motion due to pain. The treating physician reported requesting authorization for lumbar spine surgery and associated services, durable medical equipment, and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 L5-S1 microdiscectomy and hemilaminotomy foraminotomy decompression at L5-S1:
 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, 306.

Decision rationale: The MRI scan of the lumbar spine dated 9/24/2014 revealed a 4 mm broad-based disc bulge with focal left lateral prominence at L3-4. There was a focus of high T2 Intensity zone in the left lateral aspect of the disc. This caused mild bilateral neural foraminal narrowing. There were hypertrophic facet degenerative changes seen bilaterally. At L4-5 there was a 4 mm broad-based disc bulge with focal right lateral prominence containing a focus of high T2 intensity zone consistent with annular tear. This resulted in mild to moderate bilateral neural foraminal narrowing, right greater than left. There were hypertrophic facet degenerative changes seen. At L5-S1 there was a 2 mm bulge causing no significant neural foraminal narrowing or canal stenosis. There was multilevel disc desiccation present. A supplemental report to and agreed medical evaluation dated March 13, 2015 is noted. The report mentioned electrodiagnostic studies of the lower extremities which did not reveal any evidence of peripheral neuropathy or lumbosacral radiculopathy. An unofficial reading of the MRI scan of the lumbar spine revealed two-level disc involvement at L3-4 and L4-5 levels. These disc protrusions were felt to be not very large, measuring 4 mm causing mild neural foraminal narrowing at L3-4 and moderate neural foraminal narrowing at L4-5 level. In the opinion of the examiner the patient was certainly not a surgical candidate at that time. The EMG and nerve conduction report dated March 10, 2015 is noted. The impression was normal electrodiagnostic studies of bilateral lower extremities. There was no evidence of peripheral neuropathy and no evidence of lumbosacral radiculopathy. The primary treating physician's orthopedic reevaluation report dated February 5, 2015 is noted. The injured worker was complaining of intermittent moderate low back pain with radiation to the right buttock. Examination revealed tenderness to palpation at L5-S1 with muscle spasm and restricted range of motion. Straight leg raising was positive bilaterally. The Patrick test was positive. Sensation was reported to be normal in L3, L4, L5, and S1 distribution in both lower extremities. The patellar reflexes were 1+ bilaterally and the Achilles reflexes were absent bilaterally. The current diagnosis at that time was lumbar spine sprain/strain with radicular complaints and right hip sprain. California MTUS guidelines indicate surgical considerations for severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), 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, clear clinical, imaging, and electrophysiological 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 pain is mostly in the lower back with some radiation to the right buttock as documented, there are no disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies and there are no objective signs of neural compromise. There is no clear clinical, imaging, and electrophysiological evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair. Electrodiagnostic studies were all negative. The clinical findings do not correlate with the MRI findings. As such, the request for L4-5 and L5-S1

microdiscectomy and hemilaminectomy, foraminotomy, and decompression at L5-S1 is not supported by guidelines and the medical necessity of the request has not been substantiated.

Associated surgical service: Cryotherapy 2 x 6: 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), Cold/heat packs.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Physical therapy 2 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines page(s): 26.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

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 <http://www.guideline.gov/content.aspx?id=48408>.

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

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

Associated surgical service: Two (2) day hospital stay: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.