

<b>Case Number:</b>	CM15-0093393		
<b>Date Assigned:</b>	05/19/2015	<b>Date of Injury:</b>	01/05/2015
<b>Decision Date:</b>	06/19/2015	<b>UR Denial Date:</b>	05/04/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: 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 30-year-old female who sustained an industrial injury on 1/5/15. Injury occurred while she was working as a park attendant and riding a lawnmower. The lawnmower went over a bump and she was bounced up and slammed down on the seat. Conservative treatment has included anti-inflammatory medications, muscle relaxants, analgesic medication, physical therapy, chiropractic treatment, home exercise program, and activity modification. The 3/13/15 lumbar spine MRI impression documented a moderate to large left central disc protrusion at L5/S1 with moderate to severe central canal narrowing. There was moderate impingement on the anterior portion of the thecal sac, and mild left foraminal narrowing. The 4/22/15 initial spine consult report cited on-going diffuse low back pain radiating into the left lower extremity posteriorly to the foot. Physical exam documented the injured worker was unable to stand erect and had a sciatic list to the left. Lumbar exam documented moderate spasms, marked loss of range of motion, positive straight leg raise on the left, decreased L5/S1 sensation, and 4/5 left anterior tibialis and extensor hallucis longus weakness. Imaging revealed a large disc extrusion at L5/S1, eccentric to the left. The diagnosis included lumbar radiculopathy and sciatica. The injured worker had findings consistent with severe lumbar radiculopathy and had failed conservative treatment to date. Authorization was requested for L5/S1 micro-discectomy. The 5/4/15 utilization review non-certified the request for L5/S1 microdiscectomy and associated pre-operative evaluation and post-operative lumbar corset as there was no indication that appropriate conservative treatment had been completed.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **L5-S1 Microdiscectomy:** Overturned

**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 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. Guideline criteria have been met. This patient presents with persistent low back pain radiating into the left posterior leg to the foot. Signs/symptoms and clinical exam findings are consistent with radiculopathy at the L5/S1 level and correlate with imaging evidence of a reported L5/S1 disc extrusion, eccentric to the left. 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.

### **Pre-Operative Evaluation:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Merck manual support.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

**Decision rationale:** The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Guideline criteria have been met based on the magnitude of surgery and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

**Post Operative Lumbar Corset: Overturned**

**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): 301. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM). Occupational Medical Practice Guidelines 2nd Edition. Chapter 12 Low Back Disorders. (Revised 2007) page(s) 138-139.

**Decision rationale:** The California MTUS guidelines state that lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. The revised ACOEM Low Back Disorder guidelines do not recommend the use of lumbar supports for prevention or treatment of lower back pain. However, guidelines state that lumbar supports may be useful for specific treatment of spondylolisthesis, documented instability, or post-operative treatment. The use of a lumbar support in the post-operative period for pain control is reasonable and supported by guidelines. Therefore, this request is medically necessary.