

Case Number:	CM15-0094129		
Date Assigned:	05/20/2015	Date of Injury:	05/23/2013
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/15/2015

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 33-year-old male who sustained an industrial injury on 5/23/13. Injury occurred while lifting an 80-pound stucco bag from a shelf to a grocery cart. He reported the onset of severe low back pain and left leg weakness. Conservative treatment had included physical therapy, chiropractic, acupuncture, medications, activity modification, narcotic analgesics, and oral and injectable anti-inflammatory medications. The 11/3/14 lumbar spine MRI impression documented a 304 mm right central and paracentral disc protrusion with annular fissure at L4/5 causing narrowing of the right lateral recess with abutment of the transversing right L5 nerve root. There was minimal central canal stenosis noted. The 4/16/15 lumbar spine x-rays demonstrated 3 mm of retrolisthesis of L5 on S1, and L4 on L5. There were mild anterior osteophytes at L3/4 and L4/5. The 4/16/15 treating physician report cited persistent lower back pain radiating down the posterior left leg, with occasional numbness in the left foot. Associated functional limitations have precluded return to full duty work. Physical exam documented normal gait, normal heel walk, and toe walking with radiating left leg pain. Lumbar range of motion was moderately limited with back pain in all planes and there was midline tenderness to palpation. There was normal lower extremity motor strength. There was left plantar foot numbness. Deep tendon reflexes were +2 and symmetrical. Straight leg raise was positive on the left. The diagnosis was lumbar strain and lumbar degenerative disc disease with central disc protrusion and annular tear at L4/5 with stenosis. The treatment plan recommended a bilateral L4/5 laminotomy and discectomy as the disc protrusion was somewhat eccentric to the right but the symptoms were exclusively in the left leg. The 5/5/15 utilization review non-

certified the request for bilateral L4/5 laminotomy and discectomy. The rationale indicated that the injured worker's left sided exam findings did not correlate with pertinent right-sided MRI findings at the proposed surgical level.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L4-5 Laminotomy, Discectomy: 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 function-limiting low back pain radiating down the posterior left leg to the foot with occasional foot numbness. Clinical exam findings are generally consistent with imaging evidence of disc pathology and plausible L5 neuro-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.