

Case Number:	CM15-0094545		
Date Assigned:	05/21/2015	Date of Injury:	09/07/2011
Decision Date:	06/29/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/18/2015

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 42-year-old male who sustained an industrial injury on 9/7/11. Injury occurred after repetitively and continuously leaning to pick and load auto parts. Records indicate the 2/28/13 lower extremity electro diagnostic study revealed L4/5 radiculopathy. The 1/7/15 chiropractic progress report indicated that the injured worker was experiencing a notable low back flare-up. He had failed pain medications, physical therapy and 3 epidural steroid injections. Physical exam documented palpable tenderness over the lumbosacral and sacroiliac regions and into the right buttock posterior thigh and leg, and calf. Lumbar range of motion was moderately to markedly restricted in all planes. There were positive nerve tension signs. The lumbar MRI revealed a 4 mm right paracentral disc abutting the right exiting nerve root with annular fissure at L4/5. The diagnosis was lumbar intervertebral disc disorder. The treatment plan included 6 visits of physiotherapy. The 3/23/15 orthopedic report cited constant low back pain radiating to the legs and feet, more so on the right. Coughing and sneezing aggravated the lower back pain. Pain increased with prolonged standing, walking, sitting, driving, bending, twisting and turning. He had difficulty sleeping. Pain medications and TENS unit provided temporary relief. Physical exam documented slow antalgic gait, 4/5 right great toe extension and ankle plantar flexion, paravertebral muscle tenderness and spasms, right sciatic notch tenderness, decreased right L5 and S1 sensation, and pain with toe/heel walking and squatting. The 9/27/14 lumbar spine MRI report documented a 2 mm disc protrusion at the L4/5 level with disc desiccation and mild lateral recess narrowing bilaterally. There was a 2 mm disc protrusion at L5/S1 with significant narrowing of the left lateral recess and mild narrowing of the right lateral recess. Conservative

treatment had included medications, therapy, and is over a period of 6 months without improvement. The clinical findings were consistent with MRI report of right L4/5 disc pathology. Authorization was requested for lumbar micro-decompression of right L4-5. The 4/23/15 utilization review non-certified the request for right L4/5 lumbar micro-decompression as imaging and electro diagnostic studies, and agreed medical examiner reports were not available for review, there was no clear correlation of the surgical level to the objective deficits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Lumbar Microdecompression of Right L4-5: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 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 conservative treatment low back pain radiating to the legs and feet. Clinical exam and EMG findings are consistent with reported imaging evidence of L4/5 disc protrusion and nerve root compression. Evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has been submitted. Therefore, this request is medically necessary.