

Case Number:	CM15-0096073		
Date Assigned:	05/26/2015	Date of Injury:	11/09/2012
Decision Date:	06/24/2015	UR Denial Date:	05/05/2015
Priority:	Standard	Application Received:	05/19/2015

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 34-year-old male who sustained an industrial injury on 11/9/12. Injury occurred when he was lifting large metal piece of machinery with a chain lift and experienced progressive worsening low back pain. Conservative treatment included physical therapy, epidural steroid injections, opioid pain medications, anti-inflammatory medications, neuropathic medications, and activity modification. The 10/16/14 treating physician permanent and stationary report cited low back pain radiating into the left leg, associated with weakness, numbness and tingling. Physical exam documented antalgic gait, paralumbar muscle pain on palpation, muscle spasms and guarding, and mild to moderate loss of lumbar range of motion with pain. Straight leg raise was positive on the left. There was decreased sensation in the left calf. Extensor hallucis longus strength was symmetrical. The left Achilles reflex was diminished. The diagnosis was lumbar spine sprain/strain with L5/S1 disc herniation, associated with left lower extremity radiculopathy, and 2 mm L4/5 disc herniation. The treatment plan recommended on-going medications and a cane. Future medical care was recommended to include short courses of chiropractic and/or physical therapy, and possible surgery with decompression and fusion at L5/S1. The 3/11/15 treating physician report cited grade 8-9/10 low back pain radiating into the left lower extremity. The injured worker wanted to proceed with lumbar surgery. Physical exam documented decreased L5/S1 sensation, positive straight leg raise bilaterally, antalgic gait and stance, and tenderness L3 to L5. The diagnosis was lumbar sprain, lumbosacral disc degeneration and radiculopathy. The treatment plan included lumbar MRI, Norco, Ambien, and spine surgeon consult. The 3/12/15 lumbar spine MRI impression documented a broad 2-3 mm disc protrusion

extending into both neuroforaminal exit zones. There was bilateral neuroforaminal exit zone compromise, left greater than right with congenitally small neural canal and borderline spinal stenosis. There was a 2-3 mm central disc protrusion with a high-intensity zone consistent with an annular tear. There was no evidence of significant neuroforaminal exit zone compromise or spinal stenosis. Facet degenerative changes are identified bilaterally. The 3/17/15 orthopedic surgery report cited grade 8/10 low back and grade 6/10 bilateral leg pain, left worse than right. He reported weakness, numbness and tingling in the left leg. Cough, strain, and sneeze effect was positive for low back pain reproduction. Pain was aggravated by weight bearing, walking, standing, bending over, sitting for prolonged periods of time, and lifting his legs. Physical exam was unchanged. MRI revealed a 3 mm disc herniation at L4/5 and L5/S1 extending into the foramen. He had degenerative disc disease at these levels with congenitally short pedicles causing some stenosis. The treatment plan recommended L4 to sacrum decompression and transforaminal lumbar interbody fusion. The 4/21/15 treating physician report indicated that surgery had been approved on 7/30/14 but the patient did not opt for the surgery. He had changed his mind and now wants to have surgery as he was having lots of pain. MRI was reported positive for L4/5 and L5/S1 herniated nucleus pulposus. Surgery was recommended. Authorization was requested on 4/19/15 for L4-sacrum decompression, discectomy, and laminectomy. The 5/5/15 utilization review non-certified the request for L4-sacrum decompression, discectomy, and laminectomies as there were no current physical exam findings and there was a question regarding whether fusion was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

(Lumbar) L4-Sacrum Decompression, Discectomy, Laminectomies: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-306. Decision based on Non-MTUS Citation Official Disability Guidelines: Low Back chapter.

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 ½ Lumbar & Thoracic, Discectomy/Laminectomy; Fusion (spinal).

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. Fusion may be supported for surgically induced segmental instability but pre-operative guidelines recommend completion of all physical medicine and manual therapy interventions and psychosocial screen with all confounding issues addressed. Guideline criteria have not been fully met. The patient presents with low back pain radiating to the left lower extremity with weakness, numbness and tingling. Signs/symptoms are consistent with radiculopathy and correlate with clinical exam and

imaging findings at L4/5 and L5/S1. There is plausible imaging evidence of nerve root compression. However, there is no detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure. Additionally, there is no evidence of a psychosocial screen. Therefore, this request is not medically necessary.