

Case Number:	CM15-0097935		
Date Assigned:	05/29/2015	Date of Injury:	02/24/2014
Decision Date:	07/08/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/20/2015

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 55-year-old male who sustained an industrial injury on 2/24/14. The mechanism of injury was not documented. Prior conservative treatment has included physical therapy, activity modification, medications, and lumbar support for work. Records documented 4/9/14 lumbar spine MRI findings as positive for left paracentral disc protrusion at L3/4 effacing the anterior thecal sac, and mild bilateral neuroforaminal narrowing at L4/5. The 3/12/15 treating physician report cited severe back pain with very significant radiculopathy to the left lower extremity with burning sensation. The diagnosis was lumbar disc disease, lumbar sprain/strain, and radiculopathy. The treatment plan recommended surgical consultation. Records indicated that the 4/15/15 orthopedic report documented low back pain with 4/5 left lower extremity motor strength and positive straight leg raise. The diagnosis was disc protrusion L3-S1 with left lower extremity radiculopathy. Conservative treatment had included 2 sessions of physical therapy. Authorization was requested for left microdiscectomy at L3-L4 and L4-L5 and a lumbar brace. The 5/6/15 utilization review non-certified the request for L3/4 and L4/5 lumbar microdiscectomy and associated lumbar brace as the MRI showed no significant disc herniation correlated with the side and level of the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left microdiscectomy at L3-L4 and L4-L5: 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): 305-307. 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 not been met. This injured worker presents with low back and left lower extremity pain. Clinical exam findings did not evidence a focal neurologic deficit at two levels. Imaging findings were suggestive of neural compression at the L3/4 level. However, there was very limited documentation to fully support this surgical request. Detailed evidence of a recent, reasonable and/or comprehensive non-operative treatment protocol trial and failure has not been submitted. Therefore, this request is not medically necessary at this time.

Associated surgical services: lumbar brace: 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.