

California Orthopaedic Association

Workers' Compensation Utilization Review Checklist Lumbar Disc Herniation

This checklist is intended to help orthopaedic surgeons document important factors for utilization reviewers (UR) when determining the medical necessity for this procedure(s). The checklists, developed by members of COA's Workers' Compensation Committee, will help our members anticipate what questions Utilization Reviewers will need to have documented in order for them to make more informed decisions. COA cannot guarantee that if you document the below issues, the procedure(s) will be approved, but it should help clarify the conservative treatment that the injured worker may have received, the results of the diagnostic imaging tests, and why you believe surgery is indicated.

Please remember that medical treatment requests should be based on the DWC's Medical Treatment Utilization Schedule (MTUS) http://www.dir.ca.gov/dwc/mtus/mtus_regulationsguidelines.html whenever possible as the MTUS guidelines are presumed correct. If the procedure is not covered by MTUS, you are able to utilize other nationally-recognized treatment guidelines such as ACOEM or ODG. The below checklist incorporates recommendations from the ODG treatment guidelines. You can utilize other high quality guidelines to document medical necessity.

Attach the below checklist along with a copy of the research justifying the procedure to your Request for Authorization (RFA). Having a summary of care to date to add to the checklist facilitates approval.

Workers' Compensation Utilization Review Checklist

Lumbar Disc Herniation

Patient name: _____ Claim #: _____

Symptoms/Findings which confirm presence of radiculopathy. Objective findings on examination need to be present. Straight leg raising test, crossed straight leg raising and reflex exams should correlate with symptoms and imaging.

DWC - MTUS Treatment Guidelines- are not applicable to this case Present if checked

Findings require ONE of the following:

A. L3 nerve root compression, requiring **ONE** of the following:

1. Severe unilateral quadriceps weakness/mild atrophy
2. Mild-to-moderate unilateral quadriceps weakness
3. Unilateral hip/thigh/knee pain

B. L4 nerve root compression, requiring **ONE** of the following:

1. Severe unilateral quadriceps/anterior tibialis weakness/mild atrophy _____
2. Mild-to-moderate unilateral quadriceps/anterior tibialis weakness _____
3. Unilateral hip/thigh/knee/medial pain _____

C. L5 nerve root compression, requiring **ONE** of the following:

1. Severe unilateral foot/toe/dorsiflexor weakness/mild atrophy _____
2. Mild-to-moderate foot/toe/dorsiflexor weakness _____
3. Unilateral hip/lateral thigh/knee pain _____

D. S1 nerve root compression, requiring **ONE** of the following:

1. Severe unilateral foot/toe/plantar flexor/hamstring weakness/atrophy _____
2. Moderate unilateral foot/toe/plantar flexor/hamstring weakness _____
3. Unilateral buttock/posterior thigh/calf pain _____

(EMGs are optional to obtain unequivocal evidence of radiculopathy but not necessary if radiculopathy is already clinically obvious.)

Imaging Studies, requiring **ONE** of the following, for concordance between radicular findings on radiologic evaluation and physical exam findings:

- A. Nerve root compression (L3, L4, L5, or S1) _____
- B. Lateral disc rupture _____
- C. Lateral recess stenosis _____

Diagnostic imaging modalities, requiring **ONE** of the following:

- A. MRI imaging _____
- B. CT scanning _____
- C. Myelography _____
- D. CT myelography & x-ray _____

Conservative Treatments, requiring **ALL** of the following:

- A. Activity modification (not bed rest) after patient education (\geq 2 months) _____
- B. Drug therapy, requiring at least **ONE** of the following:
 1. NSAID drug therapy _____
 2. Other analgesic therapy _____
 3. Muscle relaxants _____
 4. Epidural Steroid Injection (EDI) _____

