

<b>Case Number:</b>	CM13-0023932		
<b>Date Assigned:</b>	11/15/2013	<b>Date of Injury:</b>	12/03/2012
<b>Decision Date:</b>	01/21/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a Fellowship trained in Spine Surgery and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 43-year-old male who reported an injury on 12/03/2012, mechanism of injury not stated. He is reported to complain of low back pain with pain radiating to the bilateral lower extremities. He is noted to have treated with physical therapy and oral medication without improvement. An MRI of the lumbar spine performed on 02/20/2013 noted (1) a loss of disc signal at L5-S1 level, although disc height was maintained; (2) there was metallic artifact noted in soft tissue of the back and mild deformity along the left L5 lamina, suggesting a prior hemilaminectomy; (3) there was a 2 mm to 3 mm diffuse disc bulge which extended to the foraminal location bilaterally, indenting the thecal sac without causing central canal stenosis and causing narrowing along the exit zone of the neural foramina bilaterally, left greater than right. He is noted to have undergone a bilateral transforaminal ESI at L5-S1 on 04/17/2013. On 05/07/2013, the patient is reported to have had no significant benefit. He is noted at that time to be taking Norco and Flexeril. The patient is reported to state he had increased tingling and numbness in his legs bilaterally, right greater than left, after walking more than a quarter of a mile. On physical examination on that date, the patient is noted to have a well-healed incision of the lumbar spine with tenderness to palpation over the lumbar spine. He is noted to have mildly decreased range of motion in flexion and extension, to have decreased strength of the right lower extremity in the psoas and quadriceps, to have a decreased sensation to light touch in the right L4 and L5 dermatomes, a positive straight leg raise supine and seated bilaterally for radicular pain, positive Patrick's test on the right, and decreased reflex at the gastrocnemius on the right. The patient is reported to continue to have complaint of low back pain with radiation of pain to the bilateral legs accompanied by weakness. He reported right foot weakness and numbness and

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Pre-ops Labs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

**Decision rationale:** The patient is a 43-year-old male who reported an injury to his low back on 12/03/2012. He is reported to complain of low back pain with radiation of pain to the bilateral lower extremities, right greater than left. He is noted to have previously undergone a lumbar laminectomy at the left in 1996. He is noted on an MRI to have a diffuse 2 mm to 3 mm disc bulge that extends into the foraminal location bilaterally which indented the thecal sac that caused narrowing of the neural foramina. The patient is reported to have been planned for a bilateral L5-S1 laminectomy and microdiscectomy. A request is submitted for pre-operative labs. The California MTUS Guidelines do not address the request. The Official Disability Guidelines recommend pre-operative labs based on the patient's physical exam findings and medical history. As there is no documentation of the patient's current clinical exam findings indicating findings of comorbidities or of a clinical history of comorbidities, the need for pre-operative labs is not established. Based on the above, the requested Pre-Ops Labs are non-certified.

**Chest X-ray:**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Preoperative lab testing.

**Decision rationale:** The patient is a 43-year-old male who reported an injury on 12/03/2012. He is noted to complain of low back pain with radiation of pain to his right lower extremity and intermittently to his left lower extremity with numbness and tingling of the bilateral lower extremities. He is reported to have undergone an MRI that showed a diffuse disc bulge at L5-S1 that narrows the neural foramina bilaterally, left greater than right. He is reported to be planned for a lumbar laminectomy and discectomy at L5-S1. The Official Disability Guidelines state that chest x-rays are indicated for patients at risk for postoperative pulmonary complications if the result would change peri-operative management. As there is no indication that the patient has current comorbidities or clinical exam findings that would indicate that he is at risk for postoperative pulmonary complications, the need for a chest x-ray is not established. Based on the above, the request for Chest X-ray is non-certified.

**Electrocardiogram (EKG): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Preoperative electrocardiography (ECG)

**Decision rationale:** The patient is a 43-year-old male who reported an injury to his low back on 12/03/2012. He is reported to complain of low back pain with bilateral leg pain, right greater than left, with numbness and weakness of his right lower extremity and occasional radiation to his left lower extremity. He is reported to have undergone an MRI that showed a previous left L5 laminectomy and findings of a diffuse disc bulge that extends to the foramina bilaterally with narrowing of the neural foramina bilaterally, left greater than right. He is noted on physical examination to have decreased strength in the left psoas and quadriceps, and to have a decreased gastrocnemius reflex on the right lower extremity. He is planned for a lumbar laminectomy and decompression at L5-S1. A request is submitted for pre-operative electrocardiogram. The California MTUS Guidelines do not address the request. The Official Disability Guidelines state pre-operative EKG is recommended for patients with known coronary artery disease, peripheral artery disease, or cerebrovascular disease, or patients that have a history of ischemic heart disease, heart failure or cardiovascular disease, diabetes mellitus, or renal insufficiency. As the patient is not noted to have a history of any comorbidities and there are no abnormal findings indicating coronary heart disease, peripheral artery disease, or cerebrovascular accident, the need for pre-operative EKG is not established.

**23hrs In-patient stay: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308-310. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back-Lumbar & Thoracic (Acute & Chronic), Hospital length of stay (LOS).

**Decision rationale:** The patient is a 43-year-old male who reported an injury to his low back on 12/03/2012. He is reported to complain of low back pain with radiation of pain to his bilateral lower extremities, right greater than left, with numbness and tingling. He is noted to have treated conservatively with physical therapy and epidural steroid injections without improvement, and to have undergone an MRI that showed a previous left L5 laminectomy and a diffuse disc bulge that narrows the neural foramina bilaterally, left greater than right. He is planned for a lumbar discectomy and fusion at L5-S1. The California MTUS Guidelines do not address the request. The Official Disability Guidelines recommend up to 2 day inpatient length of stay following a

laminectomy; however, as the surgery is not indicated, the need for an inpatient length of stay is not established.

**L5-S1 Laminectomy and Decompression w/ Microdiskectomy: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 308-310.  
Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints  
Page(s): 305-306.

**Decision rationale:** The patient is a 43-year-old male who reported an injury on 12/03/2012. He is reported to complain of ongoing low back pain with radiation of pain to the bilateral lower extremities, right greater than left, and reported weakness and numbness of his right foot. He is noted to have previously treated with physical therapy and a lumbar epidural steroid injection without improvement and to have undergone an MRI that shows a diffuse disc bulge at L5-S1 with narrowing of the neural foramina bilaterally, left greater than right. He is noted on physical examination to have decreased strength of the psoas and the quadriceps on the right. The California MTUS Guidelines recommend a lumbar decompression when the patient has complaints of radiculopathy with clear clinical imaging and electrophysiological evidence which corroborate with physical exam findings, and after failure of conservative care. However, as the MRI does not show neural impingement and the patient's clinical exam findings do not correlate with the level of surgery requested, the requested surgery does not meet guideline recommendations. Based on the above, the request for an L5-S1 Laminectomy and Decompression w/ Microdiskectomy is non-certified.