MAXIMUS Federal Services

| Case Number: | CM13-0034519 | | |
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| Date Assigned: | 12/11/2013 | Date of Injury: | 11/30/2012 |
| Decision Date: | 04/01/2014 | UR Denial Date: | 09/26/2013 |
| Priority: | Standard | Application Received: | 10/15/2013 |

## 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 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 64 year old injured worker who injured their lower back on 11/30/2012 while lowering a ramp at work. Treatment history includes ESI, physical therapy, and pain medications. MRI of the lumbar spine dated 01/10/2013 showed Mild disc desiccation, anterolateral osteophytes, with a 1-2 mm broad based right-sided disc protrusion noted at the L1-L2 level, which flattens the ventral aspect of the thecal sac. No nerve root compression is identified. Disc desiccation, anterolateral osteophytes, with a 2 mm diffuse disc bulge noted at the L2-L3 level. The bulging disc flattens the ventral aspect of the thecal sac. No nerve root compression is identified. The osteophytes results in moderate narrowing of the L2 neural foramina bilaterally. Disc desiccation, anterolateral osteophytes with a 3-4 mm diffuse disc bulge noted at the L3-L4 level. The bulging disc flattens the ventral aspect of the thecal sac. There is associated mild spinal stenosis and moderate bilateral foraminal narrowing at this level. Disc desiccation, anterolateral osteophytes, mild to moderate bilateral degenerative facet changes with a 3 mm diffuse disc bulge noted at the L4-L5 level. The bulging disc encroaches upon the ventral aspect of the thecal sac. No nerve root compression is identified. There is associated moderate spinal stenosis and bilateral foraminal narrowing at this level. Mild to moderate bilateral degenerative facet changes noted at the L5-S1 level without significant spinal stenosis or foraminal narrowing identified.Incidentally noted are multiple bilateral cystic masses within the kidneys and liver apparent multilocular cystic mass within the upper abdomen in the midline. These findings are incompletely visualized on the images obtained. A CT or ultrasound of the abdomen may be helpful for further evaluation of these masses. Clinic note dated 04/09/2013 documented the patient to have complaints of left side low back pain with bending and with certain range of motion. The patient gets some relief with therapy. Patient states there is

improvement with radiating pain to lower extremities. Patient states he is still benefiting with epidural steroid injections.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**A L4-5 decompression:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**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 (Acute and Chronic), Laminectomy/laminotomy & Discectomy/laminectomy.

**Decision rationale:** According to the Official Disability Guidelines (ODG),laminectomy/laminotomy is "recommended for lumbar spinal stenosis. For patients with lumbar spinal stenosis, surgery (standard posterior decompressive laminectomy alone, without discectomy) offered a significant advantage over nonsurgical treatment in terms of pain relief and functional improvement that was maintained at 2 years of follow-up, according to a new SPORT study. Discectomy should be reserved for those conditions of disc herniation causing radiculopahy. Laminectomy may be used for spinal stenosis secondary to degenerative processes exhibiting ligamental hypertrophy, facet hypertrophy, and disc protrusion, in addition to anatomical derangements of the spinal column such as tumor, trauma, etc."In this case, this patient has persistent lumbar spine pain radiating to right lower extremity. Objectively, there is positive paralumbar tendernss, restricted lumbar motion, decreased sensation at right L4, L5 nerve roots, mild weakness in right ankle flexion, and decreased right ankle relfex. MRI of lumbar spine showed at L4-5 mild-to-moderate degenerative facet changes, disc bulge at L4-5, no nerve root compression, and moderate spinal stneosis and foraminal stenosis. The request for a L4-5 decompression is established and is medically necessary and appropriate.

**Preoperative medical clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 and Thoracic (Acute and Chronic), Preoperative Electrocardiogram (ECG), Preoperative lab testing; and the American Society of Anesthesiologists Task Force on Preanesthesia (Evaluation:2002, February (revised 2012 March) Anesthesiology 2012 Mar; 116(3):522-38).

**Decision rationale:** The CA MTUS do no discuss the issue in dispute and hence the Official Disability Guidelines (ODG) and Society of Anesthesiologists Task Force on Pre-anesthesia guidelines have been consulted. Based on the medical records provided for review and

guidelines referenced above, the patient meets the criteria for surgical intervention, and therefore the request for pre-operative medical clearance is supported. The request for pre-operative medical clearance is medically necessary and appropriate.

**Preoperative cardiac clearance:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**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 and Thoracic (Acute and Chronic), Preoperative Electrocardiogram (ECG), Preoperative Lab Testing; and the CC/AHA 2007 Guidelines on Perioperative Cardiovascular Evaluation and Care for non Cardiac Surgery.

**Decision rationale:** The CA MTUS do no discuss the issue in dispute and hence the Official Disability Guidelines (ODG) and the CC/AHA 2007 Guidelines have been consulted. Based on the medical records provided for review and the above mentioned guidelines, the patient meets the criteria for surgical intervention, and therefore the request for pre-operative cardiac clearance is supported. The request for pre-operative cardiac clearance is medically necessary and appropriate.

**Six sessions of postoperative physical therapy:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**Decision rationale:** Accordng to the California MTUS Postsurgical Medical Treatment Guidelines, 16 visits over 8 weeks of physical therapy is allowed. This patient meets the criteria for surgical intervention and the request for postoperative physical therapy is within the guidelines recommendation. The request for six sessions of postopeartive phisical therapy is medically necessary and appropriate.