

<b>Case Number:</b>	CM13-0043718		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	03/14/2014	<b>UR Denial Date:</b>	10/21/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2013

### 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 has is licensed to practice in California and Texas. 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 56-year-old male who reported an injury on 07/02/2012. The mechanism of injury was noted to be the patient was lifting a box full of material weighing approximately 60 pounds and the patient felt a sudden popping and pain at the level of the low back. The patient was noted to have an MRI of the lumbar spine on 10/01/2012 which revealed moderate canal stenosis at L2 to L3, mild to moderate canal stenosis at L3-4, severe canal stenosis at L4-5, and severe right and moderate left foraminal stenosis at L5 to S1. The exiting left L2 nerve root and traversing right S1 nerve root were noted to be affected by disc extrusion. The patient was noted to have received acupuncture, physical therapy, and medication. The patient was noted to have pain in the lower back that had continued to worsen and the patient was noted to have numbness in both legs. The patient as noted to have pain and muscle spasm at the level of L2-3, L3-4, L4-5, and L5-S1 upon palpation. The patient was noted to have weakness of resisted dorsiflexion over the toe, and weakness of the resisted plantar flexion on the big toe on the right side. The patient's sensory testing was noted to show a decrease in L4, L5, and S1 nerve roots on the right side. The clinical documentation submitted for review indicated the patient had a straight leg raise that was 40 degrees on the right and 60 degrees on the left in supine position, straight leg raise in the sitting position was 80 degrees on the right and 85 degrees on the left. The diagnosis was noted to be multilevel disc protrusion at the level of the low back, particularly L4-5, causing bilateral lumbar radiculopathy predominantly on the right. The request was made for a discogram, L2 through S1 4 level endoscopic discectomy, medical pre-op clearance, pre-op EKG and chest x-ray, and postoperative rehabilitation. The patient's diagnosis was noted to be multilevel disc protrusion.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Discogram:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back; and Pre-Op Lab Tests <http://www.medscape.com/medline>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Discography.

**Decision rationale:** The Physician Reviewer's decision rationale: Official Disability Guidelines do not recommend discography. The physician indicated that the discogram would allow him to decide how many levels would be involved for a discectomy. As the Official Disability Guidelines does not recommend discography, the request for a discogram is not medically necessary.

**L2-S1 four level endoscopic discectomy:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Low Back Complaints (ACOEM Practice Guidelines, 2nd Edition (2004). Decision based on Non-MTUS Citation Low Back; and Pre-Op Lab Tests <http://www.medscape.com/medline>.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307.

**Decision rationale:** The Physician Reviewer's decision rationale: ACOEM Guidelines indicate a surgical consultation is for patients who have severe disabling lower leg symptoms in a distribution consistent with abnormalities on imaging (radiculopathy), preferably with accompanying objective signs of neural compromise, activity limitation due to radiating leg pain for more than 1 month, or extreme progression of lower leg symptoms, clear, clinical, imaging, and electrophysiological evidence of lesions that have been shown to benefit in both the long and short-term from surgical repair, and failure of conservative treatment to resolve disabling radicular symptoms. It further indicates that direct methods of nerve root decompression include laminotomy, standard discectomy, and laminectomy. As criterion was not provided, secondary guidelines were sought. Official Disability Guidelines indicate that the patient should have symptoms and objective findings on examination. Objective findings include straight leg raise test, cross leg raise, and reflex exams that correlate with symptoms and imaging. At the levels of L3-S1 there should be documentation of radicular findings to support nerve compression. The imaging studies should indicate findings of nerve root compression. They further recommend the patient have conservative treatments require activity modification, drug therapy with NSAIDs, other analgesic therapy, muscle relaxants, or epidural steroid injection, and require physical therapy. Per the MRI, the patient was noted to have moderate canal stenosis at L2-3, mild to moderate canal stenosis at L3-4, severe canal stenosis at L4-5, and severe right and moderate left neural foraminal stenosis at L5-S1 without mention of canal stenosis. It was

further went on to state that the patient had an 8 mm central/left eccentric disc extrusion with associated facet arthropathy at L4-5 resulting in severe canal stenosis. The patient was noted to have varying degrees of neural foraminal stenosis throughout the lumbar spine, most severe on the left at L2-3. The clinical documentation submitted for review indicated the patient had a straight leg raise that was 40 degrees on the right and 60 degrees on the left in supine position, straight leg raise in the sitting position was 80 degrees on the right and 85 degrees on the left. The patient's motor power was noted to show weakness of resistive dorsiflexion on the big toe, weakness of the resisted plantar flexion on the big toe on the right side. The patient had decreased sensation at the L4, L5, and S1 nerve roots. There was a lack of documentation indicating the patient met the requirement of L3, L4 and L5 nerve root compression. At the S1 nerve root the patient was noted to have discomfort at the back of the thigh and calf and all the way down the lower back. However, the findings upon objective examination failed to support findings at the level of L2 and L3. There was a lack of documentation of exceptional factors.  
Give

**Medical Pre-op clearance:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back; and Pre-Op Lab Tests <http://www.medscape.com/medline>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>

**Decision rationale:** Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures." As the requested surgery was not medically necessary, the request for medical pre-op clearance is not medically necessary.

**. Electrocardiogram (EKG):** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back; and Pre-Op Lab Tests <http://www.medscape.com/medline>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Preoperative electrocardiogram (ECG).

**Decision rationale:** As the requested surgery was not medically necessary, the request for EKG is not medically necessary

**Chest X-ray:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back; and Pre-Op Lab Tests <http://www.medscape.com/medline>.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Low Back Chapter, Preoperative testing, general.

**Decision rationale:** Chest radiography is reasonable for patients at risk of postoperative pulmonary complications if the results would change perioperative management. As the requested surgery was not medically necessary, the request for chest x-ray is not medically necessary.

**Post-op rehabilitation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Low Back; and Pre-Op Lab Tests <http://www.medscape.com/medline>.

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

**Decision rationale:** California MTUS Postsurgical Guidelines indicate that postsurgical treatment for discectomy is 16 visits and the initial course of therapy is one half the number of visits specified in the general course of therapy. The patient would be eligible for 8 visits of postoperative therapy. There was a lack of documentation indicating the quantity of sessions being requested as well as the body part the request was made for. As the requested surgery was not medically necessary, the requested postoperative rehabilitation would not be necessary.