

Case Number:	CM13-0043927		
Date Assigned:	12/27/2013	Date of Injury:	03/18/1980
Decision Date:	03/06/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	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 subspecialty in Spinal 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 78-year-old male who sustained a work-related injury on 3/18/80. Subjective findings include low back pain radiating to the bilateral buttock, lateral aspect of the thigh, and posterior aspect of the left lower extremity with numbness and tingling in the feet. Objective findings include decreased deep tendon reflexes of the patella and Achilles bilaterally, decreased lumbar range of motion, and decreased muscle strength of the left peroneals and left extensor hallucis longus. An MRI of the lumbar spine from 4/11/13 revealed moderately severe left and moderate right neural foraminal encroachment at L2-L4, bilateral lateral recess stenosis greater on the right than left, moderately severe central canal stenosis, moderate to severe left and mild right neural foraminal encroachment at L3-L4, moderate to severe bilateral neural foraminal encroachment at L4-L5, and moderate to severe right and moderate left neural foraminal encroachment at L5-S1. The patient's current diagnoses include status post L4-5 hemilaminectomy on the left side, low back pain, lumbar facetogenic pain, multi-level spinal stenosis, and lumbar radiculitis. Treatments to date have included a left-sided L4-5 hemilaminotomy and hemidiscectomy on 7/25/90, a lumbar diagnostic selective nerve root block at left S1 on 4/12/13 with 75% pain relief, lumbar epidural steroid injections, physical therapy most recently documented on 6/16/97, activity modification, and medications. There is no documentation of additional conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

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

retroactive request for bilateral L3-4 laminotomy, foraminotomy, and partial facetectomy (4/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Decision rationale: The MTUS/ACOEM guidelines state that laminotomy may be recommended in the case of severe and disabling lower leg symptoms; in the presence of radiculopathy, especially when there are objective signs of neural compromise; in the case of activity limitations due to more than a month of radiating leg pain, or due to an extreme progression of lower leg symptoms; and failure of conservative treatment. The Official Disability Guidelines state that decompression/laminotomy may be recommended in the case of symptoms/findings confirming radiculopathy, in the case of objective findings that correlate with symptoms and imaging results confirming radicular findings on radiologic evaluation and physical exam. The patient has been diagnosed with low back pain, lumbar facetogenic pain, multi-level spinal stenosis, lumbar radiculitis, pain, numbness, tingling, reflex changes, radicular findings in the requested nerve root distribution, central canal stenosis, lateral recess stenosis, and neural foraminal stenosis. The patient has also failed conservative treatments such as activity modification and medications. However, there is no documentation of recent and updated physical modalities; the last session of physical therapy was completed in 1997. Therefore, the request is not medically necessary.

retroactive request for decompression of the nerve root at left L3-4 (4/19/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Decision rationale: The MTUS/ACOEM guidelines state that decompression may be recommended in the case of severe and disabling lower leg symptoms; in the presence of radiculopathy, especially when there are objective signs of neural compromise; in the case of activity limitations due to more than a month of radiating leg pain, or due to an extreme progression of lower leg symptoms; and failure of conservative treatment. The Official Disability Guidelines state that decompression/laminotomy may be recommended in the case of symptoms/findings confirming radiculopathy, in the case of objective findings that correlate with symptoms and imaging results confirming radicular findings on radiologic evaluation and physical exam. The patient has been diagnosed with low back pain, lumbar facetogenic pain, multi-level spinal stenosis, lumbar radiculitis, pain, numbness, tingling, reflex changes, radicular findings in the requested nerve root distribution, central canal stenosis, lateral recess stenosis, and neural foraminal stenosis. The patient has also failed conservative treatments such as activity modification and medications. However, there is no documentation of recent and updated

physical modalities; the last session of physical therapy was completed in 1997. Therefore, the request is not medically necessary.

retroactive request for left L5-S1 laminotomy, foraminotomy, partial facetectomy, and decompression of the nerve root (4/15/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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.

Decision rationale: The MTUS/ACOEM guidelines state that laminotomy may be recommended in the case of severe and disabling lower leg symptoms; in the presence of radiculopathy, especially when there are objective signs of neural compromise; in the case of activity limitations due to more than a month of radiating leg pain, or due to an extreme progression of lower leg symptoms; and failure of conservative treatment. The Official Disability Guidelines state that decompression/laminotomy may be recommended in the case of symptoms/findings confirming radiculopathy, in the case of objective findings that correlate with symptoms and imaging results confirming radicular findings on radiologic evaluation and physical exam. The patient has been diagnosed with low back pain, lumbar facetogenic pain, multi-level spinal stenosis, lumbar radiculitis, pain, numbness, tingling, reflex changes, radicular findings in the requested nerve root distribution, central canal stenosis, lateral recess stenosis, and neural foraminal stenosis. The patient has also failed conservative treatments such as activity modification and medications. However, there is no documentation of recent and updated physical modalities; the last session of physical therapy was completed in 1997. Therefore, the request is not medically necessary

retroactive request for thermal ablation of the paravertebral facet joint nerves at left L4-5, right L4-5, and right L5-S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The MTUS/ACOEM guidelines state that lumbar facet neurotomies reportedly produce mixed results. Facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. The Official Disability Guidelines state that facet joint radiofrequency neurotomy is under study. The ODG's criteria for the use of diagnostic blocks for facet mediated pain include one previous set of diagnostic medial branch blocks with a response of $\geq 70\%$; in the case of patients with non-radicular low-back pain; at no more than two levels bilaterally; in the case of documentation of failure of conservative treatment (including home exercise, physical therapy, and NSAIDs) prior to the procedure for at least 4-6 weeks; no more than 2 joint levels are injected in one session;

and the patient should document pain relief with an instrument such as a VAS scale, emphasizing the importance of recording the maximum pain relief and maximum duration of pain. Diagnostic facet blocks should not be performed in patients in whom a surgical procedure is anticipated, or in patients who have had a previous fusion procedure at the planned injection level. Within the medical information available for review, there is documentation of a plan indicating destruction by thermal ablation of bilateral L4-5 and right L5-S1 facet nerves with laser ablation, as well as left side approach L5-S1 laminotomy, foraminotomy, and decompression with partial facetectomy. Therefore, the request is not medically necessary.