

Case Number:	CM13-0044758		
Date Assigned:	12/27/2013	Date of Injury:	09/08/2012
Decision Date:	04/18/2014	UR Denial Date:	10/24/2013
Priority:	Standard	Application Received:	11/01/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopaedic 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 expert 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:

This 37-year-old female sustained a low back injury on 9/8/12 bending over to pick up a small item off the floor. Initial MRI findings documented an L4/5 disc protrusion/extrusion. The 6/26/13 treating physician report cited chief complaint of constant grade 2-8/10 right pelvic pain radiating into the right inferior buttock, extending down the lateral thigh and calf to the lateral border of the foot. Back pain was reported greater on the right with back pain 10% compared to right lower extremity 90%. Tingling was reported over the right medial calf with numbness in the medial left heel. The patient was using a cane due to instability and right lower extremity pain. Objective exam findings documented mild loss of lumbar range of motion, symmetrical deep tendon reflexes, normal heel/toe walk, 4+/5 ankle dorsiflexion and 4-/5 toe extensor weakness, diminished sensation L4-S1 dermatomal distribution, and positive right straight leg raise. A requested lumbar epidural steroid injection had been denied. Additional diagnostic testing was requested. The 8/28/13 bilateral lower extremity EMG/NCV findings revealed bilateral L5 radiculopathy, active with on-going muscle denervation on the right, and mild stable radiculopathy on the left. The 9/25/13 lumbar spine MRI documented an L4/5 broad-based posterior disc extrusion with annular fissure measuring 6 mm AP that compressed the traversing right L5 nerve root and impinged the traversing left L5/S1 nerve root in the lateral recesses with moderate central canal narrowing. There was mild to moderate right and mild left neuroforaminal narrowing. The 9/26/13 treating physician report cited continued low back and leg pain, grade 3-8/10. Pain was aggravated by activity and alleviated with activity modification, TENS unit, ice, heat, gentle stretching, medications. Sleep was disrupted three times a week. Exam findings documented mildly decreased lordosis with concavity to the right, moderate pelvic tenderness, moderate left and mild right paravertebral muscle spasms, bilateral sciatic notch tenderness, increased flank crease on the right, decreased and guarded lumbar range of

motion, moderate discomfort with extension and rotation to the right, and normal gait and toe/heel walk. The treating physician opined the medical necessity of laminectomy with disc decompression and foraminotomy on the right at L4/5 based on clinical findings and diagnostic testing. Records indicated that conservative treatment had included activity modification, home therapy, exercise, anti-inflammatory medication, muscle relaxants, and opioid pain medications. The 10/25/13 utilization review denial was based on the absence of radicular findings, positive nerve tension signs, and motor/sensory deficits correlating with the surgical level in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

L4-5 lumbar laminectomy and foraminotomy: Overturned

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

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, LAMINECTOMY/LAMINOTOMY

Decision rationale: Under consideration is a request for L4/5 lumbar laminectomy and foraminotomy. The California Medical Treatment Utilization Schedule does not provide guidance for lumbar surgery in chronic injuries. The Official Disability Guidelines recommend laminectomy for lumbar spinal stenosis secondary to disc protrusion. Surgical indications typically require symptoms and findings that confirm the presence of radiculopathy including radicular findings, motor or reflex deficits, and nerve compression signs that correlate to imaging findings. Conservative treatment including activity modification, drug therapy, and support provider referral are required. Guideline criteria have been met. Imaging findings confirmed an L4/5 disc extrusion with impingement of the L5 nerve root and EMG findings documented L5 bilateral radiculopathy with active L5 denervation. Clinical findings provide evidence of L5 root compression. Reasonable non-operative treatment has been tried and failed. Therefore, this request for L4/5 lumbar laminectomy and foraminotomy is medically necessary and appropriate.