

<b>Case Number:</b>	CM13-0049509		
<b>Date Assigned:</b>	01/15/2014	<b>Date of Injury:</b>	05/15/2012
<b>Decision Date:</b>	05/20/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/08/2013

### **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 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 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:

The claimant is a 63-year-old individual who sustained an injury to his low back on May 15, 2012 while lifting a heavy object while at work. Clinical records for review of October 8, 2013 indicate continued complaints of low back pain with radiating bilateral lower extremity weakness and numbness. Objectively, there was noted to be muscular tenderness to palpation with restricted lumbar range of motion with "decreased sensation to the lower extremities". The specific weakness and sensory deficits were not described with respect to the dermatomal distribution and or the grade of strength. Previous evaluation of July 2, 2013 demonstrated a positive left sided straight leg raise with 4/5 manual motor testing. Previous imaging included a CT scan from September 23, 2013 showing broad based disc protrusions at the L4-5 and L5-S1 level. This was in conjunction with discography performed on the same date which was noted to have shown concordant findings at L4-5 and L5-S1; the formal report was unavailable for review. Previous imaging also includes a July 2012 MRI report which showed disc protrusions at L4-5 and L5-S1 and previous electrodiagnostic testing from September 2012 demonstrating a bilateral L5 radiculopathy. Based on failed conservative care, there is a recommendation for a fusion procedure at the L4-5 and L5-S1 level for further intervention.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**LUMBAR DISCECTOMY AND DECOMPRESSION AT THE L4-5 AND L5-S1 LEVELS WHEN POSSIBLE FUSION (INCLUDING MEDICAL CLEARANCE): Upheld**

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

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

**Decision rationale:** The Expert Reviewer's decision rationale: The requested L4-5 and L5-S1 discectomy and fusion to include preoperative medical clearance is not medically supported. Guidelines would require evidence of segmental instability. While the claimant is noted to be with continued clinical complaints, there is no current documentation of segmental instability at the L4-5 or L5-S1 level that would support a need for the requested fusion procedure. Given the above, the specific request for surgical intervention has not been established.

**PRE-OP PSYCHOLOGY CLEARANCE:** Upheld

**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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) CA MTUS ACOEM OMPG (Second Edition, 2004), Chapter 7 Independent Medical Examinations and Consultations, page 127

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS Guidelines do not support the role of preoperative psychological clearance as the need for operative intervention has not been established.

**ELECTROMYOGRAPHY (EMG) BILATERAL LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, repeat electrodiagnostic studies in this case would not be indicated. The clinical records for review indicate electrodiagnostic studies have already occurred. The need for further studies based on the claimant's physical exam findings and other forms of imaging has not been established. The specific request in this case would not be indicated.

**NERVE CONDUCTION STUDY (NCS) BILATERAL LOWER EXTREMITY:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The Expert Reviewer's decision rationale: Based on California ACOEM Guidelines, repeat electrodiagnostic studies in this case would not be indicated. The clinical records for review indicate electrodiagnostic studies have already occurred. The need for further studies based on the claimant's physical exam findings and other forms of imaging has not been established. The specific request in this case would not be indicated.

**LUMBAR SPINE X-RAYS INCLUDING AP, LATERAL, FLEXION AND EXTENSION VIEWS:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-305. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** The Expert Reviewer's decision rationale: When looking at MTUS and Official Disability Guideline criteria, the role of lumbar radiographs in this case would be indicated. Records currently do not indicate recent lumbar plain film radiographs. The requested flexion and extension views given the claimant's current clinical picture and failed conservative care would be supported as medically necessary.

**POST-OP PHYSICAL THERAPY (PT):** Upheld

**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 Postsurgical Treatment Guidelines.

**Decision rationale:** The Expert Reviewer's decision rationale: California MTUS Postsurgical Rehabilitative Guidelines would not support the need for physical therapy as the need for operative intervention has not been established.

**POST-OP LUMBAR BRACE:** Upheld

**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 9 Shoulder Complaints Page(s): 298, 301.

**Decision rationale:** The Expert Reviewer's decision rationale: MTUS Guidelines would not support the role of lumbar bracing as the need for operative intervention has not been established.