

<b>Case Number:</b>	CM14-0004478		
<b>Date Assigned:</b>	02/05/2014	<b>Date of Injury:</b>	05/26/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	12/19/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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, has a subspecialty in Spine Fellowship 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 is a 34-year-old male patient with a 5/26/08 date of injury. 10/21/13 progress report indicates severe pain in the lower back radiating to the bilateral lower extremities. Physical exam demonstrates weakness with bilateral EHL, gastrocnemius, peroneals, and hamstrings. 8/24/13 lumbar MRI demonstrates, at L5-S1, a 3-mm disk herniation with encroachment on the right lateral recess with compromise of the traversing right nerve root and exiting nerve roots bilaterally. Treatment to date has included physical therapy, chiropractic care, three epidural steroid injections, medication, and activity modification. There is documentation of a previous adverse 12/19/13 determination for limited evidence of lumbar radiculopathy and lack of completion of non-operative care.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **TWO DAY INPATIENT HOSPITAL STAY BETWEEN 12/13/2013 TO 1/27/2014.:**

Upheld

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

**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 Chapter, Hospital Length of Stay.

**Decision rationale:** CA MTUS does not address this issue. ODG's best practice target for lumbar decompression is a one day inpatient stay. Therefore, the request for a 2 day inpatient stay, as submitted, was not medically necessary.

**LUMBAR LAMINECTOMY AND DISCECTOMY AT THE L5-S1 LEVEL, BETWEEN 12/13/2013 TO 1/27/2014.:** Overturned

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

**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 Chapter, Decompression Other Medical Treatment Guideline or Medical Evidence: AMA Guides (Radiculopathy).

**Decision rationale:** CA MTUS states that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; clear clinical, imaging, and electro-physiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and failure of conservative treatment. The patient presents with clinical radiculopathy corroborated by focal neurologic deficits on physical exam. Lumbar MRI demonstrates, at L5-S1, a 3-mm disk herniation with encroachment on the right lateral recess with compromise of the traversing right nerve root and exiting nerve roots bilaterally. Treatment to date has included physical therapy, chiropractic care, three epidural steroid injections, medication, and activity modification. Given prolonged attempts at conservative management, clinical radiculopathy, and corroborating imaging findings, the procedure seems indicated. Therefore, the request for a LUMBAR LAMINECTOMY AND DISCECTOMY AT THE L5-S1 LEVEL, BETWEEN 12/13/2013 TO 1/27/2014 was medically necessary.