

<b>Case Number:</b>	CM14-0009670		
<b>Date Assigned:</b>	02/14/2014	<b>Date of Injury:</b>	05/25/2012
<b>Decision Date:</b>	08/07/2014	<b>UR Denial Date:</b>	12/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/24/2014

### 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 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 patient is a 28-year-old male with a 5/25/12 date of injury, when he moved heavy metal sheets, felt a pop and pain in the low back. 1/14/14 documented that a new MRI was performed. The patient remains symptomatic, however examination was deferred. MRI from 1/6/14 revealed a 3 mm disc bulge; mild to moderate right sided neural foraminal stenosis withal spinal canal or left neural foraminal stenosis. 12/10/13 Progress note described ongoing low back pain with radiation into the buttocks and down the anterior thigh to the shins with pain and numbness in the top of the feet, and complaints of lower extremity weakness. Sensation was decreased over the right L5 and S1 dermatome distribution; 4/5 strength in bilateral ankle dorsiflexion. Surgery and an updated MRI were requested. 6/18/12 MRI of the lumbar spine revealed a 3 mm retrolisthesis and mild disc degeneration at L5-S1; mild right lateral stenosis near the S1 nerve root and mild bilateral foraminal stenosis. EMGs from 11/15/12 revealed partial denervation of lumbosacral paraspinals at L5-S1 segment bilaterally. 8/7/13 AME concluded that the patient was not a good surgical candidate, but should be referred for FRP. Treatment to date has included PT, activity modification, lumbar ESI, chiropractic treatment, and medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**L5-S1 laminotomy and microdiscectomy:** Overturned

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

**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.

**Decision rationale:** Medical necessity for decompression at L5-S1 is established. The patient has isolated one level pathology in the lumbar spine and has undergone extensive conservative treatment, including lumbar ESI. This request obtained an adverse determination due to out datedness of imaging findings and lack of new/worsening clinical findings. It was concluded that updated imaging was necessary in order for the correct surgical procedure to be performed. Within the context of this appeal, an updated MRI was provided, revealing a 3 mm disc bulge; mild to moderate right sided neural foraminal stenosis. Due to failure of conservative treatment, ongoing radicular findings, corroborating electrodiagnostics and imaging studies, the request is substantiated. Given the above the request is medically necessary

**Pre-operative clearance:** Overturned

**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) ODG Low Back Chapter.

**Decision rationale:** An associated request for L5-S1 Laminotomy and microdiscectomy was found medically necessary. As the patient is a smoker and surgery was found medically reasonable, the associated request for preoperative clearance is also medically reasonable and is substantiated. Given the above the request is medically necessary.

**Lumbar LSO:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298-301.

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

**Decision rationale:** Although surgical intervention was found medically reasonable, ODG identifies that back braces are recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, but is under study for post-operative use. As fusion is not part of the surgical request, lumbar brace is not substantiated. Therefore is not medically necessary.

**(1) Day outpatient hospital stay:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG hospital length of stay (LOS).

**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 ODG hospital length of stay (LOS) guidelines.

**Decision rationale:** Medical necessity for the requested one day inpatient stay is found medically reasonable, as surgical intervention was substantiated and ODG supports one day inpatient stay following lumbar decompression. Therefore the request is medically necessary.