

<b>Case Number:</b>	CM14-0013494		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	08/15/2013
<b>Decision Date:</b>	07/14/2014	<b>UR Denial Date:</b>	01/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Medicine, 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:

Patient is a 43-year-old who has submitted a claim for low back pain, sciatica, and lumbar disc disease associated with an industrial injury date of August 15, 2013. Medical records from 2013 were reviewed. Patient complained of persistent low back pain radiating to the right lower extremity, graded 5-6/10 in severity. This resulted to difficulty in sitting, and standing. Patient smokes a few cigarettes per day for 15 years. Physical examination revealed positive straight leg raise at the right with pain radiating to the back and lateral aspect of the right foot. Trace reflexes were noted at both patella and ankle bilaterally. Fairly good strength of both peroneal and posterior tibial muscle on the right side was noted. Low back, right piriformis area, and PSIS were tender. Range of motion of the lumbar spine was restricted. Sensation was diminished at the medial aspect of right foot. There was no atrophy. MRI of the lumbar spine, dated August 28, 2013, revealed a multi-level degenerative disc disease and degenerative joint disease. Broad left posterior disk protrusion and far left lateral disc protrusion at L4 to L5 does appear to abut nerve roots, within the left lateral recess and exiting the left neural foramen at L4 to L5. Right posterior disc extrusion on L5 to S1 appears to abut the nerve root, descending the right lateral recess, and broad disc bulge upon which the right posterior disc protrusion is superimposed, nearly abuts the descending nerve roots within the left lateral recess at L5 to S1. These findings could conceivably, cause sciatica, on their respective sides. Mild to moderate neural foramina without nerve root abutment and no significant stenosis were noted at L2 to L3 level. Treatment to date has included physical therapy, aquatic therapy, and medications such as naproxen, Norco, Flexeril, and ibuprofen. Utilization review from January 24, 2014 denied the request for bilateral lateral laminotomy decompression at L3 to L4, L4 to L5, and L5 to S1, with right L5 to S1 disc exploration and probable microdiscectomy and an assistant surgeon because

the patient has a multi-level degenerative disc disease with the largest disc protrusion at L2 to L3, however, the requested surgical intervention excluded the L2 to L3 level.

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

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

#### **BILATERAL LATERAL LAMINOTOMY DECOMPRESSION AT L3-4, L4-5 AND L5-S1 WITH RIGHT L5-S1 DISC EXPLORATION AND PROBABLE MICRODISCECTOMY AND AN ASSISTANT SURGEON: Upheld**

**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 Section, Discectomy / Laminotomy.

**Decision rationale:** The Low Back Complaints Chapter of the ACOEM Practice Guidelines state that surgical intervention is recommended for patients who have severe and disabling lower leg symptoms in the distribution consistent with: (1) abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise; (2) activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms; (3) clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long-term from surgical repair; and (4) failure of conservative treatment. ODG criteria for laminotomy include failure of conservative, requiring all of the following: (1) activity modification; (2) NSAIDs (non-steroidal anti-inflammatory drugs), muscle relaxant, epidural steroid injection; and (3) physical medicine, and psychological screening. ODG states that smokers had a significantly lower return to work rate after surgery. In this case, patient complained of persistent low back pain radiating to the right lower extremity, despite physical therapy, aquatic therapy, and intake of medications. Physical examination revealed positive straight leg raise at the right, trace reflexes, and diminished sensation. Fairly good strength of both peroneal and posterior tibial muscle on the right side was noted. This was further corroborated by MRI findings of multi-level degenerative disc disease abutting nerve roots with moderate neural foraminal stenosis. However, progress report from October 13, 2013 revealed that treatment plan included epidural injection. It is unclear if steroid injection had been accomplished due to insufficient information; hence, there is no exhaustion of conservative management to date. Moreover, patient was noted to be smoking few cigarettes per day for fifteen years. However, there was no evidence that patient had been advised to discontinue smoking to limit its negative outcome post-surgery. Guideline criteria were not met. The request for bilateral lateral laminotomy decompression at L3-L4, L4-L5 and L5-S1, with right L5-S1 disc exploration and probable microdiscectomy, and an assistant surgeon, is not medically necessary or appropriate.