

<b>Case Number:</b>	CM14-0122173		
<b>Date Assigned:</b>	08/06/2014	<b>Date of Injury:</b>	09/03/2013
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/01/2014

### 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 Spine Surgery and is licensed to practice in Texas. 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 injured worker is a 39-year-old male who reported injury on 09/03/2013. The mechanism of injury was not provided. The other therapies included medication, chiropractic care, physical therapy and acupuncture. The injured worker underwent an MRI of the lumbar spine with flexion and extension on 05/16/2014, which revealed at the level of L5-S1 there was a broad based disc extrusion without effacing the thecal sac. The spinal canal was in normal configuration and showed no sign of stenosis. The lateral recesses were patent. There were no signs of effacement of the transiting nerve roots. There was hypertrophy of the facet joints and ligamenta flava. There was disc material and facet hypertrophy causing bilateral neural foraminal narrowing that effaced the left and right L5 exiting nerve roots more so on the left than the right. The disc measurements in neutral were 6.2 mm, in flexion were 5.5 mm and extension 5.5 mm. The injured worker's medications included Naproxen 550 mg #60, Pantoprazole 20 mg #60, Fexmid 7.5 mg #90, Norco 10/325 mg #60 and topical medications, as well as Tramadol/L-carnitine 40/125 mg capsules. The documentation of 06/17/2014 revealed the injured worker had no improvement in his symptoms. The physical examination revealed the injured worker had flexion and extension that were decreased. There was no tenderness to palpation over the spinous processes. The injured worker's strength was 5/5. There was diminished sensation over the bilateral S1 dermatomes. The reflexes were 2+ in the patella and Achilles. There was a positive straight leg raise of the bilateral legs. The diagnosis was S1 radiculopathy. The treatment plan included an L5-S1 decompression. The documentation indicated the injured worker had failed conservative treatment with anti-inflammatories and physical therapies for more than a year and a half and had neurologic deficit that was consistent with MRI findings. The documentation further indicated because of the foraminal narrowing caused by the disc

collapse, the injured worker may require an interbody fusion in order to fully decompress the foramina. There was a Request for Authorization submitted for review.

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

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

#### **L5-S1 Decompression and fusion: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines, Web, Low Back Chapter: Lumbar Decompression; Indications for Surgery - Discectomy/laminectomy, Lumbar fusion.

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

**Decision rationale:** The American College of Occupational and Environmental Medicine indicate a surgical consultation may be appropriate for injured workers who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, preferably with accompanying objective signs of neural compromise. There should be documentation of activity limitation due to radiating leg pain for more than 1 month or the extreme progression of lower leg symptoms. There should be 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 documentation of a failure of conservative treatment to resolve disabling radicular symptoms. The clinical documentation submitted for review indicated the injured worker had failed conservative treatment. There were objective findings upon physical examination. The MRI revealed the injured worker had no signs of effacement of the transiting nerve roots. However, there was bilateral neural foraminal narrowing effacing the left and right L5 exiting nerve roots. There was a lack of documentation indicating neural compromise. Additionally, there was a lack of documentation indicating the injured worker had undergone electrophysiologic studies to support the necessity for decompression. Given the above, the request for L5-S1 decompression and fusion is not medically necessary.